



097085
~~75-0146~~

REPORT TO THE CONGRESS



LM097085

Many Medicare And Medicaid Nursing Homes Do Not Meet Federal Fire Safety Requirements

Department of Health, Education, and Welfare

**BY THE COMPTROLLER GENERAL
OF THE UNITED STATES**

MWD-75-46

~~702276~~

MARCH 18, 1975

097085



COMPTROLLER GENERAL OF THE UNITED STATES
WASHINGTON, D.C. 20548

B-164031(3)

To the President of the Senate and the
Speaker of the House of Representatives

This is our report on fire safety in federally funded skilled nursing facilities participating in Medicare and Medicaid. Medicare and Medicaid are administered by the Social Security Administration and the Social and Rehabilitation Service, respectively, of the Department of Health, Education, and Welfare.

Our review was made pursuant to the request of Floyd V. Hicks, Chairman, Special Studies Subcommittee, House Committee on Government Operations. H 01512

We are sending copies of this report to the Director, Office of Management and Budget, and to the Secretary of Health, Education, and Welfare.

James B. Stacks

Comptroller General
of the United States

C o n t e n t s

| | <u>Page</u> |
|--|-------------|
| DIGEST | i |
| CHAPTER | |
| 1 INTRODUCTION | 1 |
| Medicare and Medicaid | 1 |
| Certification procedures | 2 |
| The Life Safety Code | 4 |
| 2 MAJOR LIFE SAFETY CODE PROVISIONS WERE NOT MET | 6 |
| Inspection results | 6 |
| Need for more uniform Code interpretations | 15 |
| 3 NURSING HOMES NOT PROPERLY CLASSIFIED AS TO CONSTRUCTION TYPE | 18 |
| Inspection results | 18 |
| 4 WAIVERS OF SPRINKLER REQUIREMENT GRANTED IMPROPERLY | 24 |
| Waiver requirements | 24 |
| Inspection results | 26 |
| 5 NURSING HOMES NOT CORRECTING DEFICIENCIES | 28 |
| Results of review | 28 |
| 6 ADMINISTRATION BY HEW | 32 |
| HEW validation reviews | 32 |
| HEW to improve coordination of nursing home programs | 33 |
| 7 CONCLUSIONS, RECOMMENDATIONS, AND AGENCY COMMENTS | 36 |
| Recommendations to the Secretary of HEW | 37 |
| Agency comments and our evaluation | 38 |
| 8 SCOPE OF REVIEW | 41 |
| APPENDIX | |
| I Request letter of February 28, 1974, from the Chairman of the Special Studies Subcommittee, House Committee on Government Operations | 43 |

APPENDIX

Page

| | | |
|------|---|----|
| II | Request letter of June 19, 1974, from the Chairman of the Special Studies Subcommittee, House Committee on Government Operations | 45 |
| III | Major Life Safety Code provisions included in the GAO review for compliance, construction classification, and plans of correction | 47 |
| IV | Results of inspections of skilled nursing facilities for proper classification and Life Safety Code requirements | 49 |
| V | Results of inspections of skilled nursing facilities granted waivers from the automatic sprinkler requirement of the Life Safety Code | 50 |
| VI | Status of Life Safety Code deficiencies and corrective action taken in nursing homes visited by GAO | 51 |
| VII | Illustration of the sprinkler requirements for types of building construction | 52 |
| VIII | Other nursing-home-related reports issued by GAO | 53 |
| IX | Principal HEW officials responsible for administering activities discussed in this report | 56 |

ABBREVIATIONS

| | |
|------|--|
| GAO | General Accounting Office |
| HEW | Department of Health, Education, and Welfare |
| ONHA | Office of Nursing Home Affairs |
| SRS | Social and Rehabilitation Service |
| SSA | Social Security Administration |

COMPTROLLER GENERAL'S
REPORT TO THE CONGRESS

MANY MEDICARE AND MEDICAID
NURSING HOMES DO NOT MEET
FEDERAL FIRE SAFETY REQUIREMENTS
Department of Health,
Education, and Welfare

D I G E S T

WHY THE REVIEW WAS MADE

The Chairman, Special Studies Subcommittee, House Committee on Government Operations, asked GAO to review fire safety in skilled nursing homes receiving Federal funds.

It is published by the National Fire Protection Association. (See p. 4.)

The Code requires automatic sprinkler protection throughout all nursing homes, except those of

FINDINGS AND CONCLUSIONS

About 7,000 skilled nursing homes participate in Medicare and/or Medicaid. (See p. 3.)

--2-hour fire-resistive construction or

--one-story, 1-hour protected noncombustible construction.

(The Department of Health, Education, and Welfare's (HEW's) Social Security Administration administers Medicare.

Fire resistance varies with the susceptibility to fire damage of the building materials used and the degree of fire protection provided for the structural members. (See p. 4.)

HEW's Social and Rehabilitation Service administers Medicaid at the Federal level, but the States are primarily responsible for its operation.

Results of fire safety inspections

The Life Safety Code

HEW requires that skilled nursing homes certified for Medicare or Medicaid be inspected at least annually by State inspectors to determine whether they comply with Federal requirements, including the Life Safety Code. (See p. 3.)

The results of GAO's review can be projected statistically only to the total nursing homes exempted from the sprinkling requirement from which the sample was selected.

Valid statistical projections cannot be made for the individual States or the Nation.

The Code is a compilation of construction and other standards relating to fire safety.

GAO accompanied HEW inspectors on visits to 32 exempted skilled nursing homes.

These homes, randomly selected from a total of 898 such homes in 6 States, were inspected to see if they were deficient in Code provisions and if they were properly classified as not requiring automatic sprinklers. (See p. 6.)

According to the inspections:

- 23 homes (72 percent) had 1 or more deficiencies in major Code provisions. Projecting these results to the sample population of 898 homes indicates that about 645 might have Code deficiencies. (See p. 6.)
- 13 (41 percent) were improperly classified as to construction type. Projecting these results to the sample population indicates that about 365 could be misclassified. (See p. 18.)
- 9 (28 percent) should have been classified as construction types required to have sprinklers. Projecting these results to the sample population indicates that about 253 might be required to have sprinklers. (See p. 18.)

The Social Security Amendments of 1967 permit a waiver, in accordance with regulations established by the Secretary, HEW, of specific provisions of the Code, including the sprinkler requirement. (See p. 5.)

HEW has established criteria which it believed insure an equivalent level of safety to that provided by sprinklers

and which must be met before a waiver can be issued. (See pp. 24 and 25.)

However, the equivalency factors apply only to one-story protected wood-frame facilities and HEW has not established such factors for waiving the sprinkler requirement for other types of construction.

GAO accompanied HEW inspectors on visits to 26 skilled nursing homes, randomly selected from 192 such homes in 5 States waived from the automatic sprinkler requirement, to see if the waivers were granted properly. Of these, all of which required automatic sprinkler systems, 14 were classified as protected wood frame and 12 as other construction types.

In the absence of other criteria, the equivalency factors were applied to the 12 homes of other construction types. Eleven of these did not meet all four factors.

Eleven of the 14 protected wood-frame facilities, or about 79 percent of those facilities required to meet all of HEW's equivalency factors, did not satisfy all 4 factors. The inspections showed that, of the 26 homes granted waivers of the sprinkler requirement, 22 (about 85 percent) did not satisfy all 4 factors. (See p. 26.)

GAO also visited 15 skilled nursing homes randomly selected from 56 in the State of Washington which had plans for correcting specific Code

deficiencies by June 1, 1974, to see if the homes had corrected their deficiencies as provided in their plans. Certification for participation in Medicare and Medicaid was contingent on correcting these deficiencies.

The 15 homes had a total of 40 deficiencies of major Life Safety Code provisions which were to be corrected by June 1, 1974. However, in July 1974, 9 homes (60 percent) still had uncorrected deficiencies. These same deficiencies had been identified by State inspectors as long as 25 months before GAO's visits. (See pp. 28 and 29.)

Projecting these results to the sample population of 56 homes, it could be expected that about 34 had not corrected all of their deficiencies of major Code provisions by the dates established in their plans of correction.

In late 1973 HEW regional offices submitted data on 7,318 skilled nursing homes certified for participation in Medicare and/or Medicaid. This data showed that more than 4,300 homes had Code deficiencies. (See p. 32.) Thus, fire safety problems noted by GAO in selected States were also found nationwide.

The HEW regional offices' assessment of States' Code enforcement programs noted:

--Lack of appropriate management supervision and control.

--Inadequate staff.

--Inadequate understanding of the Code and the relation between the Code survey and the certification process.

--The need to obtain properly qualified surveyors and to provide additional training. (See p. 33.)

According to HEW's Office of the Assistant Secretary for Health, Code surveys should be made by appropriately qualified individuals, with such backgrounds as fire protection engineers or registered architects. (See p. 15.)

The State inspectors, who made surveys at the 32 homes inspected for construction classification and Code deficiencies, were listed on the State survey forms as being sanitarians, assistant State fire marshals, State police troopers, and detective sergeants. (See p. 16.)

GAO found that, of 63 deficiencies of significant Code provisions found during the inspections of the 32 homes, 56 had not been identified by State inspectors in their reports. (See p. 15.)

Conclusions

HEW needs to improve its (1) administration and enforcement of Federal fire safety requirements to insure

the safety of nursing home patients and (2) monitoring of State inspection and certification activities. Many skilled nursing facilities

--did not meet fire safety standards;

--were improperly classified as to construction type, resulting in some being improperly exempted from the sprinkler requirement;

--were improperly granted sprinkler requirement waivers; and

--had not complied with plans to correct fire safety deficiencies.

These problems can be partly attributed to varying judgments and varying interpretations of the Code by State and Federal inspectors.

HEW needs to insure that States follow its procedures for recommending waivers. HEW regional personnel should grant waivers only after a home corrects its deficiencies to meet waiver requirements rather than on the basis of a home's plan of correction.

HEW should increase its efforts to insure that nursing homes comply with their plans of correction.

Neither HEW nor the States have (1) sufficiently motivated many nursing home administrators to correct fire

safety deficiencies or (2) established adequate procedures for following up to determine whether the homes have corrected the deficiencies. (See pp. 36 and 37.)

RECOMMENDATIONS

To improve fire safety conditions in federally funded skilled nursing facilities, the Secretary, HEW, should direct the Office of Nursing Home Affairs to:

1. Insure more uniform interpretations of the Life Safety Code and improve the quality of inspections by:

--Providing additional guidance to HEW regional and State inspectors on those Life Safety Code sections which have been subject to significantly varying interpretations.

--Evaluating the training provided Federal and State inspectors and determining whether additional training is needed.

--Increasing its regional efforts to review State fire safety inspection reports and certification documents to insure compliance with Federal requirements.

2. Strengthen the administration of the waiver provision by:

--Reemphasizing to both HEW regional and State

officials that waivers from Life Safety Code provisions are to be granted only when the nursing home meets all of the established waiver requirements and not on the basis of a home's plan to meet such requirements in the future.

--Establishing sprinkler equivalency factors to provide an equivalent level of patient safety for those types of nursing homes not exempt from the automatic sprinkler requirement.

3. Insure timely correction of deficiencies noted during inspections by:

--Requiring the States to establish a followup system to insure that nursing homes correct noted deficiencies within the time specified.

--Establishing procedures to follow up on State agencies' efforts to enforce nursing homes' plans of correction. (See pp. 37 and 38.)

AGENCY COMMENTS AND UNRESOLVED ISSUES

As requested by the Chairman's office, we did not ask HEW for formal comments. However, we

did give HEW an opportunity to review our findings, conclusions, and recommendations.

HEW did not agree that it (1) had not effectively administered and enforced Federal fire safety requirements for nursing homes and (2) had not adequately monitored States' inspection and certification activities.

HEW recognized that Life Safety Code problems remain to be resolved but said that its efforts had resulted in safer nursing home environments.

GAO's review was not designed to measure the change in conditions of nursing homes over a period of time, but to find out whether fire safety requirements were met at the time of the review. The review showed that a substantial number of homes did not meet the requirements and that there remains a need for considerable improvements. (See pp. 38 to 41.)

MATTERS FOR CONSIDERATION BY THE CONGRESS

This report contains no recommendations for legislative action. The Congress, however, should find the information in the report important in considering the fire safety of patients in nursing homes participating in Medicare and Medicaid.

CHAPTER 1

INTRODUCTION

By letter dated February 28, 1974, Congressman Floyd V. Hicks, Chairman, Special Studies Subcommittee, House Committee on Government Operations, asked us to review certain areas of fire safety in skilled nursing facilities. (See app. I.)

In our review we accompanied HEW inspectors during their inspections of skilled nursing facilities to determine whether:

- Those classified by State agencies as fire resistive or protected noncombustible were properly classified.
- Those not required to have sprinkler systems were in compliance with the Life Safety Code.
- Those granted waivers of the sprinkler requirement complied with specific factors (equivalency factors) that the Department of Health, Education, and Welfare (HEW) believed provided a level of life safety equivalent to that provided by automatic sprinklers.

On June 19, 1974, the Chairman requested us to analyze the degree to which nursing homes in the State of Washington having Life Safety Code deficiencies were correcting them. (See app. II.)

MEDICARE AND MEDICAID

The Social Security Amendments of 1965 established two health benefit programs--Medicare and Medicaid--under which care in skilled nursing homes is available.

Medicare

Medicare is a federally defined, uniform package of medical care benefits for most persons age 65 and over. Effective July 1, 1973, the Social Security Amendments of 1972 extended Medicare protection to (1) individuals under age 65 who had been entitled to social security or railroad retirement benefits for at least 24 consecutive months because they were disabled and (2) insured individuals under age 65 who had chronic kidney disease.

Medicare, administered by HEW's Social Security Administration (SSA), provides two forms of insurance protection. One form, Hospital Insurance Benefits for the Aged and Disabled (Part A), covers inpatient hospital services and posthospital care in a skilled nursing facility or in a beneficiary's home.

Part A benefits pay for all covered services in a skilled nursing facility for the first 20 days after a hospital stay and all but \$10.50 a day for up to 80 more days during a benefit period.

The second form of protection, Supplementary Medical Insurance Benefits for the Aged and Disabled (Part B), covers physicians' services and certain other medical and health benefits.

Medicaid

Medicaid is a Federal-State medical assistance program which allows each State, within certain limits, to define the extent of health care benefits to be provided to the financially and/or medically needy. Medicaid is administered at the Federal level by HEW's Social and Rehabilitation Service (SRS), but the States are primarily responsible for its operation.

Medicaid authorizes medical care to certain categories of persons entitled to public assistance under the Social Security Act. In addition, States may provide services to persons whose incomes or other financial resources exceed State public assistance standards but are insufficient to provide needed medical care.

The Social Security Act requires that State Medicaid programs provide

- inpatient and outpatient hospital services;
- laboratory and X-ray services;
- skilled nursing home services;
- early and periodic screening, diagnosis, and treatment of persons under age 21;
- family planning services;
- physician services; and
- home health care services.

States may also provide additional services specified by the act, such as dental services and supplying prescription drugs.

CERTIFICATION PROCEDURES

A nursing home may be certified for participation in Medicare or Medicaid or both.

According to the Office of Nursing Home Affairs (ONHA) of HEW's Public Health Service, as of May 14, 1974, about 7,000 skilled nursing facilities were participating in Medicare and Medicaid. Of these about 4,000 were participating in Medicare, most of which also participated in Medicaid. The remaining 3,000 participated only in Medicaid.

HEW regulations require that each skilled nursing home certified for Medicare or Medicaid be inspected at least annually by State inspectors (employed by State agencies having contracts with the Federal Government) to determine whether the home is in compliance with Federal requirements, including the Life Safety Code. Homes not in full compliance with the fire safety standards may be certified for a limited period under both programs.

Prior to February 19, 1974, HEW regulations provided that a nursing home with Life Safety Code deficiencies could be certified under Medicaid for no more than two consecutive 6-month periods unless the deficiencies were corrected. Certification for the second 6-month period could be provided only under certain conditions, including evidence of progress having been made in correcting the deficiencies.

In July 1973 HEW published in the Federal Register proposed Medicaid regulations providing that nursing homes completing the second 6-month agreement, under provisions for certification in effect prior to July 1, 1973, could be given up to 1 additional year to correct previously identified deficiencies if the State found that the nursing home was providing safe and adequate patient care and progressing toward correcting deficiencies. Although the regulations were in proposal form, they were applicable immediately. The Commissioner of HEW's Medical Services Administration advised State agencies of this provision on June 29, 1973.

Thus, the States were permitted to extend, by up to a full year, the certification period for Medicaid homes which had failed to comply with their plans of correction during two previous 6-month periods. As a result, even though deficiencies were uncorrected, Medicaid homes could have been certified for up to 2 years under certain circumstances.

Before February 19, 1974, Medicare regulations did not place an absolute time limit on the nursing homes for correcting deficiencies; Medicare nursing homes could continue to be certified for Federal financial participation as long as they were making progress toward correcting the deficiencies.

Current HEW regulations for both Medicare and Medicaid, effective February 19, 1974, provide for automatic cancellation of a home's certification if deficiencies noted during the inspections have not been corrected within a specific time--including approved extensions.

THE LIFE SAFETY CODE

The Life Safety Code is promulgated by the National Fire Protection Association. The primary function of the Association's Committee on Safety to Life has been to study and analyze the causes of fires involving loss of life. The Association has established standards for various types of construction that form the basis of the Code, which is revised periodically. The latest edition of the Code was published in 1973.

The Social Security Amendments of 1967 required skilled nursing homes, effective January 1, 1970, to comply with the 1967 edition of the Life Safety Code as a condition of participation in Medicaid. In October 1971 HEW extended that requirement to Medicare nursing homes. Public Law 92-603, enacted October 31, 1972, incorporated in titles XVIII and XIX of the Social Security Act the requirement that Medicare and Medicaid facilities, respectively, comply with the 1967 Life Safety Code. Title XIX, covering Medicaid, requires compliance with the Life Safety Code by requiring skilled nursing homes to meet the provisions of title XVIII.

The Code requires automatic sprinkler protection throughout all nursing homes, except those of 2-hour ¹/₂ fire-resistive or one-story, 1-hour protected noncombustible construction. (See app. VII.) The fire resistance of building construction varies with the susceptibility to fire damage of the building materials used and the degree of fire protection, if any, provided for the structural members.

A building classified as fire resistive is one in which the structural members, including walls, partitions, columns, floors, and roofs, are of materials having fire-resistance ratings ranging from 1-1/2 to 4 hours as required by the standards.

A building may be classified as protected noncombustible if it is constructed of materials having a minimum fire-resistance rating of from 1 to 2 hours as required.

The requirements for these two classifications are directed toward limiting the spread of fire and maintaining building

¹/₂ The National Fire Protection Association defines the ratings of building materials in terms of hours. The ratings are the result of standard fire tests in which the materials are subjected to controlled fire conditions. The length of time the materials maintain their structural integrity under fire test conditions is the basis of the rating. The performance is expressed as "2-hour," "6-hour," "1/2-hour," etc.

integrity should fire occur to permit adequate time to safely evacuate nursing home patients.

The Social Security Amendments of 1967 permit a waiver, in accordance with regulations established by the Secretary of HEW, of specific Life Safety Code provisions, including the automatic sprinkler requirement. A waiver may be issued for specific Life Safety Code provisions which, if rigidly applied, would result in unreasonable hardship upon a nursing home. Such a waiver, however, will be granted only if it will not adversely affect the health and safety of the patients.

Medicare facility waivers have always been issued by the Secretary of HEW. Initially, waivers of the Life Safety Code for Medicaid facilities were issued by State Medicaid agencies in accordance with HEW criteria. However, the Social Security Amendments of 1972 transferred this authority to the Secretary of HEW, effective July 1, 1973. Under current procedures, the States make recommendations for both Medicare and Medicaid nursing home waivers relating to fire safety standards, but the HEW regional directors make the final determinations.

CHAPTER 2

MAJOR LIFE SAFETY CODE PROVISIONS WERE NOT MET

The Social Security Act requires that the Life Safety Code fire safety standards be met in all skilled nursing homes participating in Medicare and Medicaid. We selected 13 major Life Safety Code requirements (see app. III) and accompanied HEW inspectors on inspections of randomly selected nursing homes in Connecticut, New York, Florida, Michigan, Minnesota, and California to determine the degree of compliance with these requirements. These States had 898 skilled nursing homes exempted from the sprinkler requirement because of construction classification. From these 898 homes, we selected 32 homes for inspection. (We established a minimum sample size of three in each State.)

The results of our review can be projected statistically only to the total exempt nursing home population from which our sample was selected. Valid statistical projections cannot be made for the individual States or the Nation.

INSPECTION RESULTS

According to HEW inspections, 23 homes, or about 72 percent of the 32 inspected, had 1 or more deficiencies in major Life Safety Code requirements. (See app. IV.) Projecting these results to the sample population of 898 homes indicates that about 645 might have Life Safety Code deficiencies.

In the event of a fire, every Life Safety Code deficiency noted could contribute to the spread of fire and smoke. Some deficiencies, such as ceiling panels not securely clipped in place, could be corrected easily. Other deficiencies were so fundamental that an HEW engineer doubted that the facility could ever be properly classified as fire resistive.

The 23 homes had a total of 63 deficiencies, with 1 to 7 deficiencies at each home.

The most frequently observed deficiencies were violations of the requirement for automatic sprinkler protection or a 1-hour fire-resistance separation for hazardous areas. Locker, storage, boiler, laundry room, and kitchen areas are considered hazardous and require automatic sprinkler systems or separation to protect the patients from the spread of fire that might start there. Of the 32 facilities inspected, 15 failed to meet this requirement.

Other deficiencies frequently identified included the following:

- Nine homes had corridor wall deficiencies. The Life Safety Code requires that every patient sleeping or treatment room have a 1-hour fire-resistance separation from the corridor.
- Seven homes lacked corridor smoke barriers or horizontal exits at the required locations. Smoke barriers are partitions which can prevent the passage of smoke and products of combustion--which can cause death--from one area to another.
- Seven homes had smoke barriers which were not continuous from exterior wall to exterior wall and from floor to floor or to roof deck above. If these barriers have breaks or holes, smoke can flow from one side to the other and the barrier's purpose is partially or totally defeated.

Examples of specific deficiencies of major Life Safety Code requirements noted by HEW inspectors at three nursing homes follow.

In one home:

- The stairway lacked a class-B, 1-hour fire door.
- Corridors did not have smoke barriers.
- Doors separating hazardous areas had louver openings and the hazardous areas were not protected as required by the Code.
- Doors to hazardous areas had hold-open devices, which are not allowed by the Code.

In another home:

- Corridor walls lacked protection around penetrating pipes, cables, and air ducts.
- Smoke barriers were not continuous from exterior wall to exterior wall and from floor to roof.
- Corridor doors in walls serving as smoke barriers lacked self-closing devices.
- There was no sprinkler system or smoke detectors.
- Ceiling panels lacked hold-down clips.

--Air ducts lacked fire dampers.

In a third home:

--Structural steel columns lacked the required fire protection.

--Corridor walls lacked the required 1-hour fire rating.

--Ceiling panels were not fire resistive.

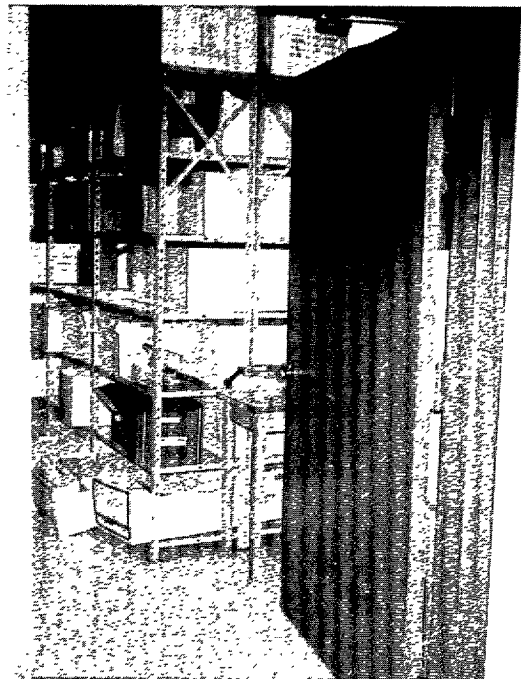
--Smoke barriers did not extend to the deck above.

--Corridor walls had numerous panels of plain glass where wire glass was required and half of the glass panels exceeded the maximum size allowed.

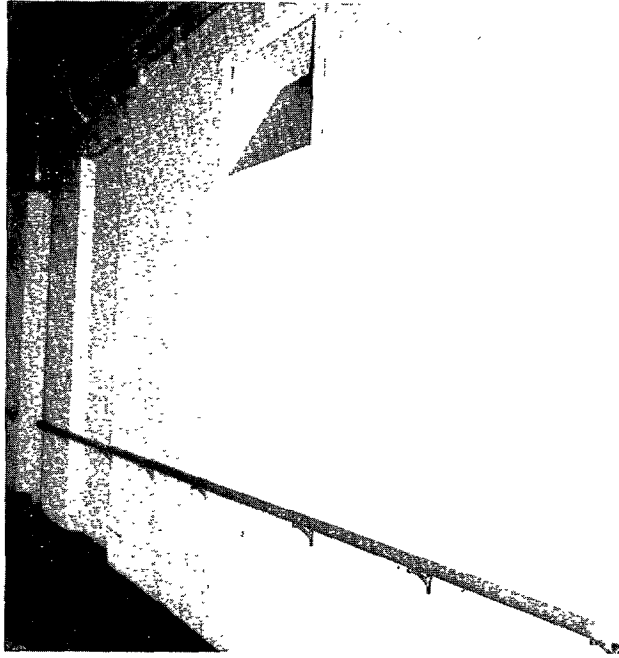
--The stairways lacked class-B, 1-hour fire doors.

--Hazardous areas lacked sprinklers and the 1-hour fire-resistance rating.

The photographs on the following pages, taken by our staff during the HEW inspections, further illustrate the types of deficiencies noted.



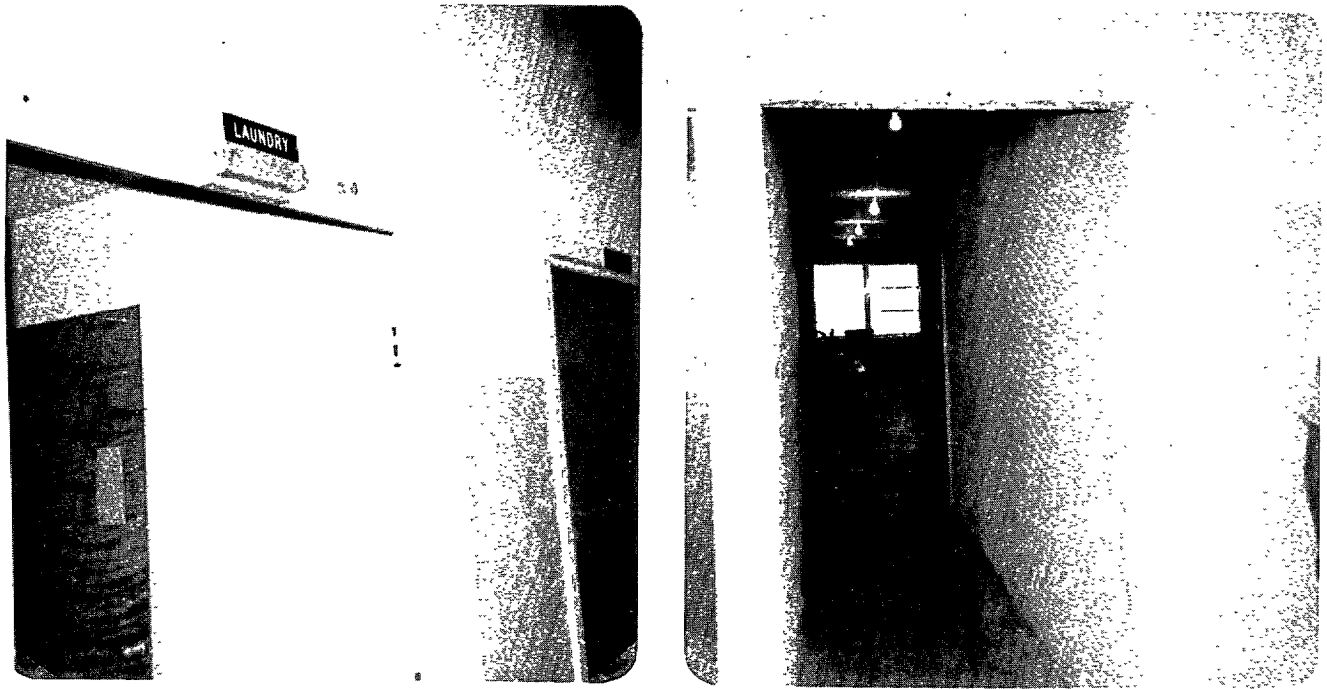
The photo on the left shows a hazardous storage area which is not separated by 1-hour fire-resistive construction and which opens directly into patients' rooms. The photo on the right shows a hazardous storage room with the door being held open by a hold-open device not permitted by the Life Safety Code. The Code requires that hazardous areas be separated by at least 1-hour fire-resistive construction or have automatic sprinkler protection. When the hazard is severe, both fire-resistive construction and automatic sprinkler protection are required. The Life Safety Code also requires that doors to a stairway enclosure or in a wall separating hazardous areas have no hold-open devices.



The corridor pictured above is a means of egress. Unused doorways were sealed with unprotected plywood. The plain glass transom was broken and could not be closed. Beyond the plywood barriers are therapy rooms. The Life Safety Code requires that all corridors be separated from institutional sleeping rooms and treatment areas by construction having at least a 1-hour fire-resistance rating. According to the Code, fixed wired glass panels, not exceeding 1,296 square inches, in metal frames may be used in the corridors.



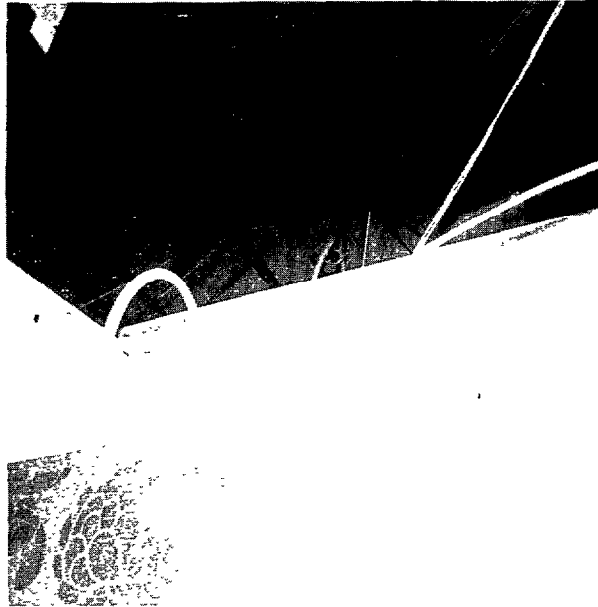
Gift shops are considered hazardous areas. The gift shop pictured above, located in a nursing home lobby, is not protected by automatic sprinklers or by 1-hour fire-resistive construction. The entire front is enclosed in plain glass with dimensions greatly exceeding those permitted under the Life Safety Code. The maximum allowable size of the glass panels set by the Code is 1,296 square inches, and the glass must be wired and enclosed in metal frames. Typical acceptable dimensions of glass panels would be about 32 inches by 40 inches.



The laundry room (left photo) and the repair shop (right photo) are hazardous areas as defined by the Code and require either 1-hour fire-resistive separation or sprinkler protection. Neither the laundry room nor the repair shop had sprinklers or doors and thus were not adequately protected.



This electrical refrigeration equipment area is considered hazardous. It is located next to a means of egress and is protected only by a chain link fence. The Life Safety Code requirements regarding hazardous areas have not been met. Should a fire occur in this equipment area, the means of egress might be unusable.



This picture shows a deficiency in a smoke barrier. The barrier is required to extend completely to the deck above but, as shown, extends only slightly above the suspended ceiling. The Life Safety Code requires that all smoke-stop partitions have a fire-resistance rating of at least 1/2 hour and be continuous through any concealed space, such as above the suspended ceiling, to the floor or roof above.

NEED FOR MORE UNIFORM CODE INTERPRETATIONS

The HEW inspectors we accompanied in the six States identified numerous deficiencies not previously reported by State inspectors. We compared the HEW inspection reports to earlier State inspection reports and noted that 56 of the 63 Life Safety Code deficiencies listed by HEW inspectors were not noted by State inspectors.

For example, State inspectors had not noted deficiencies at 13 of the 15 homes in several States where HEW inspectors found deficiencies related to protection of hazardous areas by automatic sprinkler systems or by 1-hour fire-resistance separation. HEW inspectors reported nine homes with corridor-wall violations. The State inspectors had reported only one.

We believe that the differences between the HEW and State inspection reports resulted, in part, from the differing interpretations of the Life Safety Code requirements and the inspectors' different backgrounds, qualifications, and experience.

Personnel at a home in Connecticut expressed frustration with Federal, State, and local inspections they have been subjected to primarily because of different Life Safety Code requirement interpretations by different inspectors.

In Florida an HEW inspector and a deputy State fire marshal disagreed about several Life Safety Code provisions. The HEW inspector said State inspectors have problems classifying the nursing homes as to construction type because the Life Safety Code is vague. He also said that experts from the State fire marshal's office and the HEW regional office do not agree on what constitutes fire resistiveness.

Another Florida deputy State fire marshal said the State inspectors are "on their own" when inspecting nursing homes. They have to use their judgment and experience to apply the Life Safety Code provisions on a case-by-case basis. He said that guidance and interpretations from the HEW regional office and the State fire marshal's office are often contradictory.

According to HEW's Office of the Assistant Secretary for Health, a Life Safety Code survey should be made by an individual with experience as

- a fire protection engineer,
- a registered professional engineer,
- a registered architect, or

--a graduate engineer with at least 1 year in which fire protection has been a primary responsibility.

A report issued by the HEW Health Services and Mental Health Administration 1/ entitled "Inventory of Health Care Facility Surveyors, United States--1972" provides information on the characteristics of health facility surveyors. These surveyors conduct onsite surveys of health care facilities to determine by direct observation, interview, and documentation the degree of compliance with State and Federal requirements for participation in specific health care programs. The report is the result of a nationwide survey of health facility surveyors conducted between May and July 1972.

Of the 1,551 respondents nationwide who were health facility surveyors, 766 made nursing home fire safety surveys. Of these 766 inspectors, only 171 had disciplines that, in our opinion, were closely associated with the backgrounds HEW has said are appropriate for conducting Life Safety Code surveys. The disciplines of these 171 inspectors were as follows:

| | |
|---------------------|------------|
| Fire inspectors | 93 |
| Engineers | 41 |
| Architects | 19 |
| Building inspectors | <u>18</u> |
| | <u>171</u> |

The balance of the fire safety surveyors included 209 registered nurses, 178 sanitarians, and 208 from various other disciplines.

The State agencies responsible for making the Life Safety Code surveys in the States included in our review varied widely. In California, Florida, and Minnesota, the State fire marshal's office made the surveys; in Connecticut and Michigan, the State police department made them; and in New York, the department of health made them.

The inspectors making the State surveys were listed on the State survey forms as being sanitarians, assistant State fire marshals, State police troopers, and detective sergeants.

1/ Effective July 1, 1973, the Health Services and Mental Health Administration was abolished and its responsibilities were assumed by the newly established Health Resources Administration, the Health Services Administration, and the Alcohol, Drug Abuse, and Mental Health Administration.

The Chief of Design and Engineering, Office of Facilities, Engineering, and Construction, in HEW's Boston regional office, found in several homes numerous deficiencies not reported by the Connecticut State inspectors. He said the State fire marshal's inspectors, who are State police personnel, did not have the background in structures and fire safety codes and regulations to properly make such an inspection.

An Assistant HEW Regional Director in Boston expressed uncertainty as to the causes of the apparent poor quality of State fire safety surveys in Connecticut. He believed that some sort of Federal control over minimum qualifying standards for State surveyors was needed. He emphasized that interpreting the Code was difficult, especially for an untrained person.

The Chief of Design and Engineering believed that the 3- to 5-day training seminars given to Connecticut State inspectors were not sufficient training. He also stated that the problem in some States may be related to the type of person assigned to make the inspections. He had found that the results of HEW validation surveys in his region decisively pointed up inadequacies of State surveys.

Because of these problems, we believe HEW should evaluate the training provided for Federal and State Life Safety Code inspectors and determine whether additional training is needed. HEW should also clarify current guidelines and issue additional guidelines in an effort to achieve more uniform Life Safety Code interpretations.

More funds for Federal training programs

The Social Security Amendments of 1972 authorized 100-percent Federal funding of expenditures under approved State Medicaid plans for the compensation and training of inspectors of long-term care institutions through June 30, 1974. There are currently about 2,000 State inspectors, many of whom have been trained under this program.

According to HEW officials, the period authorized for 100-percent Federal financial support for developing and operating State programs for inspecting long-term care institutions was not long enough to permit all the States to develop the capability to properly inspect long-term care institutions.

The provision for 100-percent Federal reimbursement of State expenditures for inspectors of long-term care facilities was extended for 3 years by Public Law 92-368 on August 7, 1974.

The States thus have an excellent opportunity to develop the capability to meet their inspection responsibilities.

CHAPTER 3

NURSING HOMES NOT PROPERLY CLASSIFIED

AS TO CONSTRUCTION TYPE

The construction classification of a nursing home critically affects the application of the requirement for automatic sprinkler systems. When a facility is constructed of noncombustible materials and meets the requirements of the Life Safety Code for fire-resistive construction, the facility is not required to be fully sprinklered. In addition to homes classified as fire resistive, those which have only one story can also be exempted from the sprinkler requirement if they meet the Life Safety Code requirements for protected noncombustible construction.

Our review showed that numerous homes were improperly classified by State inspectors.

INSPECTION RESULTS

The HEW inspections of the 32 nursing homes classified by the States as exempt from the sprinkler requirement showed that 13, or about 41 percent, were improperly classified. Projecting these results to the sample population of 898 homes so classified by the States indicates that about 365 could be misclassified with regard to construction type.

The classification of two of the facilities was changed from fire resistive to protected noncombustible, and the classification of another two from protected noncombustible to fire resistive--neither of which classifications require sprinklers. However, of the 32 facilities inspected, 9 (about 28 percent) should have been classified as construction types required to have sprinkler systems. Projecting these results to the sample population of 898 homes indicates that about 253 should have sprinkler systems.

Deficiencies causing HEW inspectors to change the construction classification of some facilities from fire resistive or protected noncombustible to construction types requiring sprinklers included

- inadequate construction of walls to meet fire-rating requirements,
- inadequate protection around columns and beams,

- inadequate protection from adjoining facilities not classified as fire resistive or protected noncombustible, and

- lack of a fire-rated ceiling.

The results of the inspections of the 32 nursing homes are listed in appendix IV.

The types of construction problems found in the misclassified homes varied widely. Following are specific deficiencies noted in three homes reclassified from fire resistive to unprotected noncombustible:

In one home:

- Floor assemblies were not 2-hour rated.

- Clips to hold down ceiling panels were missing (see picture on page 21).

- Ventilation ductwork in the suspended ceiling lacked 1-1/2-hour fire dampers.

- Architectural plans showed the decking was standard rather than galvanized steel.

- Reinforced concrete floor did not extend to the top of decking corrugations and left openings where smoke could pass through.

- Structural columns had only 2-hour fire protection where 3-hour protection was required; even 2-hour protection was lacking where horizontal girders connected to the columns.

- Interior partitions in stairways, elevators, ventilation shafts, and a linen chute lacked continuous 2-hour protection.

The HEW inspector doubted whether this home's construction could be improved to achieve a fire-resistive classification.

In another home:

- The required 3-hour fire protection on steel columns did not extend the full height of the columns.

- The ceiling suspension system and ceiling panels did not meet fire-resistive requirements; above the ceiling were steel joists which required 2-hour fire protection but were not adequately protected.

In a third home:

- The roof-ceiling assembly lacked a fire rating. Ceiling assemblies are required to have an appropriate fire rating to protect the steel above.

- The suspended ceiling lacked clips to hold down the panels.

A home previously classified as protected noncombustible was reclassified as unprotected noncombustible because:

- Steel supporting the roof was not protected from fire.

- Some ceiling panels were not fire resistive.

- Clips to hold down ceiling panels were missing.

- Air ducts in the suspended ceiling lacked fire dampers or other approved protection.

- Some steel columns lacked the required fire protection.

A second home reclassified as unprotected noncombustible had the following deficiencies:

- Steel supporting the roof was not protected from fire.

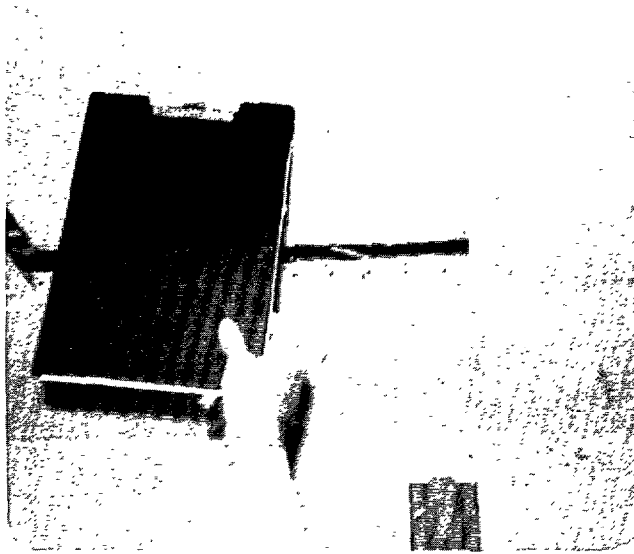
- Some ceiling panels were missing or damaged.

- Recessed light fixtures lacked the proper protection.

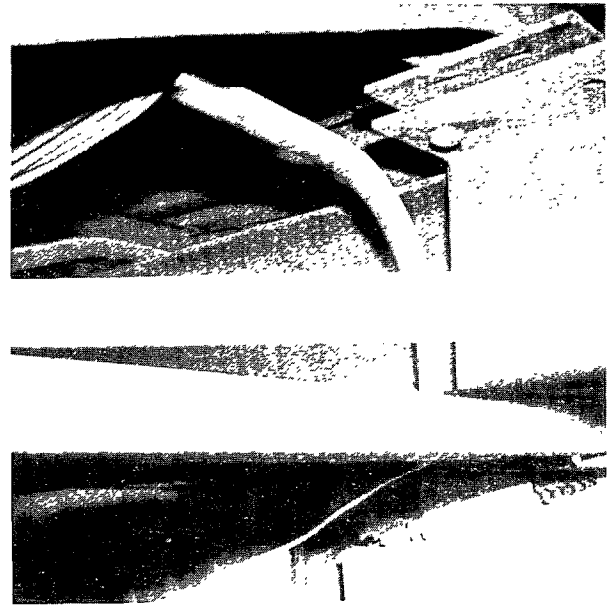
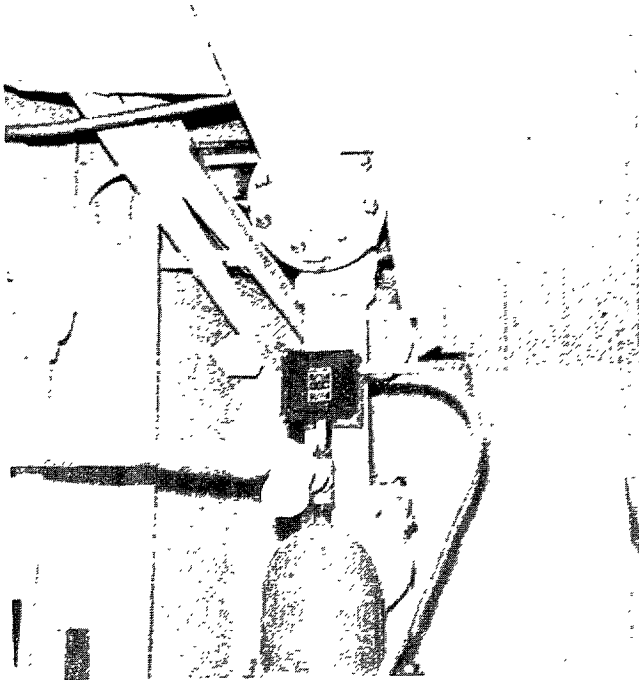
- Air ducts in the suspended ceiling lacked fire dampers or other approved protection.

- Insulation placed above the acoustic ceiling panels would not permit heat dissipation but would concentrate heat against the ceiling.

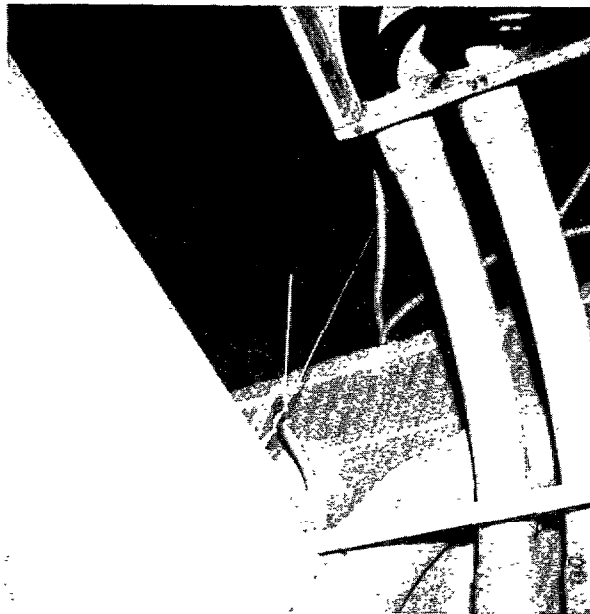
The following pages contain photographs, taken by our staff, of deficiencies noted by HEW inspectors.



This photograph shows an unclipped ceiling panel. The updraft created by a fire could force unsecured panels upward and expose the steel components above the ceiling to heat and fire. Secondary floor construction members, such as beams, slabs, and joists above the suspended ceiling, not affecting the stability of the building require a 2-hour fire-resistance rating, which a properly rated and clipped ceiling can provide. Principal supporting members require a 3-hour fire-resistance rating.



Directly above this heater (left photo), ceiling panels have been removed to allow space for the pipes. The openings, however, have not been sealed, and the structural steel members would have no protection from a fire in the heater room. The photo on the right shows an unprotected steel beam in a structure which the Life Safety Code requires to be of fire-resistive construction. When the ceiling panels are removed, the beams are unprotected. The Life Safety Code requires that in fire-resistive construction principal supporting members, including columns, trusses, girders, and beams, have a 3-hour fire-resistance rating.



This picture shows an interior partition in an unsprinklered hazardous area. The Life Safety Code requires hazardous areas to be separated by construction having a 1-hour fire-resistance rating or be protected by a sprinkler system. As can be seen here, the partition does not extend to the deck above and fire and smoke starting in the hazardous area could spread over the partition to the adjoining areas.

Hazardous areas include the following:

Boiler and heater
rooms
Laundries
Kitchens
Repair shops
Handicraft shops

Rooms or spaces used for
storage of combustible
supplies and equipment
in quantities deemed
hazardous by the au-
thority having juris-
diction

Laboratories
Employee locker
rooms
Soiled-linen
rooms
Trash collec-
tion rooms
Gift shops

CHAPTER 4

WAIVERS OF SPRINKLER REQUIREMENT GRANTED IMPROPERLY

The Life Safety Code requires that automatic sprinkler protection be provided throughout all federally funded skilled nursing homes, except those of fire-resistive or protected non-combustible construction. The Social Security Amendments of 1967 allow HEW to waive the sprinkler requirement if enforcing it would place an unreasonable hardship on the nursing home. Nursing homes must achieve, however, an equivalent level of safety through other means.

Our review showed that many homes that were granted waivers of the sprinkler requirement did not meet the HEW criteria insuring an equivalent level of safety.

Inspections made by HEW inspectors of a sample of 14 nursing homes required to meet the equivalency factors showed that about 79 percent did not meet all 4 factors. Of the sample of 26 nursing homes granted waivers from the sprinkler requirement, about 85 percent did not meet the equivalency factors. (See app. V.)

In some cases waivers were issued on the basis of a plan by the nursing home to correct the deficiencies and meet the criteria in the future. In other cases the waivers were issued although the criteria were not met and there was no plan by the nursing home to meet the criteria.

WAIVER REQUIREMENTS

HEW regulations require that, before a waiver of the sprinkler requirement is granted, a documented determination be made that (1) enforcing the requirement would result in unreasonable hardship on the nursing home and (2) an equivalent level of safety has been achieved in the home.

After reviewing the facts in each case and evaluating whether the equivalent level of safety has been reached, HEW regional officials judge whether enforcement of the sprinkler requirement would cause undue hardship.

Upon determining that a nursing home meets both the hardship and equivalent level of safety requirements, regional officials can grant a waiver of the sprinkler provision. Initially, the Secretary of HEW issued waivers for Medicare facilities and State Medicaid agencies issued waivers for Medicaid facilities in accordance with HEW criteria. The Social Security Amendments of 1972 provided that effective July 1, 1973, HEW issue all waivers of Life Safety Code provisions. The State inspection

agencies make recommendations for waivers relating to fire safety standards, and HEW regional directors make final determinations.

HEW established the following equivalency factors for both Medicare and Medicaid skilled nursing facilities.

- All other Life Safety Code requirements, including the automatic extinguishment requirement for hazardous areas, shall be met.
- Automatic fire detection devices shall be installed in all areas required by the Life Safety Code to be protected by an automatic sprinkler system. The detection system shall be listed in the January 1971 issuance of the Underwriters Laboratory Fire Protection Equipment List. The system shall be arranged to close all fire doors in barrier partitions and, where possible, shall be hooked into the local fire department or central control. At a minimum the detection system shall activate an alarm inside and outside the building.
- Patient rooms shall be separated from each other and all other areas by construction having at least a 1-hour fire-resistance rating.
- The response time and capability of the local fire department shall, in the judgment of the State fire authority, be adequate to provide an acceptable level of protection for the unsprinklered facility.

However, these equivalency factors have been established only for one-story protected wood-frame facilities. HEW has not established equivalency factors for waiving the sprinkler requirement for other types of construction; instead it has used the protected wood-frame equivalency factors in granting waivers to nursing homes of other construction types.

According to an ONHA letter dated May 14, 1974, of the 7,000 skilled nursing homes participating in Medicare or Medicaid, about 280, or 4 percent, had been granted waivers of the automatic sprinkler requirement.

Using a random sampling procedure, we selected nursing homes having waivers of the automatic sprinkler requirement in Colorado, Missouri, North Carolina, Texas, and Washington.

These 5 States had 192 such homes, representing about 69 percent of the 280 skilled nursing homes estimated by ONHA to have waivers from the automatic sprinkler requirement. However, we found that more waivers from the sprinkler requirement were

issued in these States than estimated by ONHA, because State agencies issued some waivers without notifying ONHA.

We accompanied HEW inspectors on visits to 26 of the 192 skilled nursing facilities in the 5 States. Of these 26 homes, all of which were required to have automatic sprinkler systems, 14 were classified as protected wood frame and 12 as other construction types.

The equivalency factors were used to determine whether the 14 protected wood-frame homes provided an equivalent level of safety as required by HEW. In addition, because HEW has not established equivalency factors for other types of construction, we requested that the inspectors determine whether the other 12 homes met the equivalency factors.

Although the equivalency factors are required to be applied only to protected wood-frame facilities, officials of the five States said they used the factors as a guide in recommending waivers from the sprinkler requirement for all types of construction.

INSPECTION RESULTS

Eleven of the 14 protected wood-frame facilities, or about 79 percent of those facilities required to meet all of HEW's equivalency factors, did not meet all 4 factors.

Of the 11 wood-frame homes not meeting the equivalency factors

- 2 homes were deficient in 3 factors,

- 1 home was deficient in 2 factors, and

- 8 homes were deficient in 1 factor (4 did not meet the patient room compartmentation requirement, 2 did not have fire detection systems where required, and 2 did not adequately protect the hazardous areas).

HEW inspectors determined that, of the 26 homes granted waivers of the sprinkler requirement, 22, or about 85 percent, did not meet all 4 equivalency factors.

A summary of the inspection results is included as appendix V and shows, for each home, the type of construction, date of inspection, and whether the equivalency factors were met.

On the basis of these results, we estimate that about 54 percent of the 192 nursing homes with waivers, or about 103 homes, could be protected wood-frame facilities required to

meet all of the equivalency factors. Further, because 79 percent of the protected wood-frame facilities inspected did not meet all of the equivalency factors, we estimate that 81 of the 103 protected wood-frame facilities may not meet all of the factors.

Our review of the nursing home files at both HEW and the State agencies showed that some homes not satisfying all four equivalency factors were granted waivers on the basis of plans by the homes to comply with the equivalency factors. However, other homes granted waivers without satisfying the equivalency factors apparently had no plans for corrective action.

We did not determine the extent to which plans for correction were being adhered to in all cases. However, we did note a number of instances in which waivers were continued beyond the dates established for correction. For example, five of the nine homes granted waivers in Washington State failed to meet the scheduled dates of correction. At the request of the Chairman of the Special Studies Subcommittee, we visited a number of nursing homes in Washington State to determine whether deficiencies were being corrected as set forth in the nursing homes' plans of correction. The results of that review are included in chapter 5.

In July 1974 HEW issued additional guidelines on granting waivers. The guidelines stated:

"It is the Department's policy that no waiver shall be granted of the sprinkler requirement in unprotected wood frame facilities or protected multi-story wood frame facilities. Before a waiver can be granted for a one-story protected wood frame facility, four specific criteria must be satisfied. These equivalency criteria must be met before a waiver of the sprinkler requirement in a one-story wood frame facility is granted."

CHAPTER 5

NURSING HOMES NOT CORRECTING DEFICIENCIES

On June 19, 1974, the Chairman of the Subcommittee requested us to review several skilled nursing homes in the State of Washington that had plans for correcting Life Safety Code deficiencies by June 1, 1974.

RESULTS OF REVIEW

Reviewing nursing home files at the State Medicaid agency office, we found that as of June 1, 1974, the State of Washington had 271 skilled nursing homes participating in Medicare and/or Medicaid. Of these 271 nursing homes, 206, or about 76 percent, had Life Safety Code deficiencies at the time of the last State inspection. Of these 206 homes, 172, or 63 percent, had deficiencies of 1 or more of the 13 major Life Safety Code requirements (see app. III) or in the automatic sprinkler requirement. The 172 homes had a total of 387 deficiencies of major Life Safety Code requirements.

We examined the State records of each of the 172 nursing homes to determine the homes' progress in correcting the deficiencies. Of the 172 homes having deficiencies, 103 had plans to correct them. Sixty-nine homes were not required to correct their deficiencies because HEW issued waivers from the specific Life Safety Code requirements.

Of the 103 homes, 74 had deficiencies which, according to their latest plans of correction, were required to be corrected before June 1, 1974. We reviewed the State files to determine the extent to which these 74 homes had made the required corrections. Inspection reports showed that all deficiencies of major Life Safety Code requirements had been corrected in only 16 of the 74 nursing homes.

The files indicated that 16 other homes had failed to correct all their deficiencies by the required correction dates. There was no indication in the files that the other 42 homes had been reinspected after the established correction dates. Of the 58, 2 were being decertified at the time of our fieldwork.

We randomly selected 15 of the remaining 56 nursing homes for visits during July 1974 to determine whether corrections had been made. The 15 homes had a total of 40 deficiencies in major Life Safety Code requirements which were to be corrected by June 1, 1974. However, we found that as of July 1974 six homes had corrected all deficiencies and nine homes, or 60 percent, had not.

Projecting these results to the sample population of 56 homes, it could be expected that about 34 had not corrected all of their deficiencies of major Life Safety Code requirements by the established correction dates. The uncorrected deficiencies in 9 of the 15 homes included non-compliance with 11 of the 14 major Life Safety Code requirements selected for examination. For example, five homes had not complied with the requirement to install automatic sprinklers. Three homes had not installed required protective doors in patient homes and in diagnostic and treatment areas.

However, of the nine homes with uncorrected deficiencies:

--Two had corrected four deficiencies and were correcting seven of eight additional deficiencies.

--Five had not completely corrected any of 16 deficiencies but were in the process of correcting them.

The other two homes had not made any progress in correcting three deficiencies. If homes had taken such action as awarding contracts and/or issuing purchase orders, we considered them as having made progress in correcting deficiencies. Three homes had made progress by installing sprinkler systems but had not connected the sprinkler systems to the water supply to make them operational.

The State had identified the uncorrected deficiencies at the nine homes from 9 to 25 months before our visits in July 1974. The average period of time the deficiencies remained uncorrected in all 15 homes was about 22 months.

The specific deficiencies for all 15 homes and the lengths of time they remained uncorrected are listed in appendix VI.

Examples of certified nursing homes with uncorrected deficiencies

Example 1

After the State conducted the Life Safety Code survey on May 16, 1972, it classified this facility as "fire resistive" and therefore exempt from the automatic sprinkler requirement. The home was certified for the period July 1, 1972, through December 31, 1972.

After the next Life Safety Code survey on October 25, 1972, the State reclassified the facility as "protected ordinary," a classification requiring an automatic sprinkler system. The lack of sprinklers and the lack of protection for hazardous areas were identified as deficiencies. A plan of correction was prepared and the nursing home requested a waiver of the automatic sprinkler requirement on the basis of meeting the equivalency requirements.

The plan of correction required that the nursing home install, by April 25, 1973, an automatic fire detection system and sprinklers in the hazardous areas. On the basis of this plan of correction, the State issued a waiver on December 27, 1972. The facility was certified for 6 months, from January 1 through June 30, 1973.

After a third Life Safety Code survey made by the State on April 4, 1973, the nursing home was reclassified as "protected wood-frame" construction. Even though the deficiencies had not been corrected, the State granted another waiver on July 16, 1973, and certified the facility for a full year from July 1, 1973, through June 30, 1974.

On October 18, 1973, a State followup inspection determined that no progress had been made to correct the deficiencies.

On October 22, 1973, the State fire inspector informed his supervisor that the nursing home should not be considered for a sprinkler requirement waiver because the only fire department nearby was a volunteer fire department and the adequacy of the protection it could afford was questionable.

On May 7, 1974, the State gave the facility a 60-day extension of its certification agreement to run from July 1 to August 31, 1974.

The facility requested bids for sprinkler installation on June 1, 1974, but rejected them in July 1974 because of a wide cost variance.

On July 16, 1974, the State made another Life Safety Code survey and a new plan of correction was established requiring the nursing home to install a complete sprinkler system by January 1, 1975.

On August 1, 1974, the State notified the nursing home that its agreement for certification was being renewed for an additional 6 months, from September 1, 1974, to February 28, 1975. The notification also indicated

that, if the deficiencies were not corrected by December 31, 1974, the certification would be cancelled on February 28, 1975.

Example 2

The deficiency noted during the State's June 5, 1972, Life Safety Code inspection was that doors in fire and smoke partitions were not self-closing upon activation of the fire alarm system and that they were held open by hold-open devices that were not approved. The facility was certified on the basis of a plan to correct these deficiencies by December 1, 1972. The next Life Safety Code survey on November 13, 1972, determined that the deficiencies had not been corrected. However, the State files showed that a contract had been awarded for correcting the deficiencies and the facility was certified for another 5 months through May 31, 1973. In May 1973 new doors were installed in the smoke barriers and in June the home was certified for an additional 6 months through November 30, 1973.

However, a Life Safety Code survey made by the State on October 2, 1973, showed that, although the doors had been installed, they had not been wired to close automatically upon activation of the fire alarm system.

According to a new plan of correction, the deficiency would be corrected by December 2, 1973. The State then certified the home for an additional year through November 30, 1974.

State officials said the home was certified because it was making progress toward correcting the deficiency and the State considered it to be in substantial compliance with Federal requirements.

On December 28, 1973, a State inspector found that the doors still did not meet the requirement and that no progress had been made to correct the deficiency. Seven months later, on August 7, 1974, another State visit showed that the deficiency remained uncorrected. On August 13, 1974, the home notified the State fire marshal's office that the deficiency had been corrected.

CHAPTER 6

ADMINISTRATION BY HEW

Although the States are responsible for inspecting skilled nursing homes for participation in the Federal programs, HEW regional inspectors visit various nursing homes to validate the State inspections. HEW regional officials select the nursing homes, and inspection visits are made periodically. HEW validation reviews during 1973 and 1974 indicate that major fire safety problems exist nationwide in skilled nursing facilities.

HEW VALIDATION REVIEWS

On May 11, 1973, ONHA requested each HEW Regional Director to review Life Safety Code enforcement with respect to all skilled nursing facilities then participating in Medicare and Medicaid.

The regional office reviews were to determine whether waivers were properly justified and whether deficiencies identified by State inspectors had been corrected. In addition, files were to be reviewed for problems that could be detected without further onsite reviews.

The HEW regional offices submitted data on 7,318 skilled nursing facilities certified for participation in Medicare and/or Medicaid. In most cases, HEW regional offices reviewed the files between June and September 1973.

The findings were as follows:

- 4,307 facilities (59 percent) had deficiencies. Of these, 1,199 had incomplete plans for correction or no plans at all.
- 2,120 facilities (29 percent) had waivers. Of these, 450 had incomplete or no justification for the waivers having been granted.
- For 306 facilities (4 percent) the State fire authority indicated that Life Safety Code requirements were not met, yet the facilities were certified.
- 3,694 facilities (50 percent) were identified as requiring automatic sprinkler protection throughout. Of these, 1,347 did not have such protection.
- 634 facilities (9 percent) had no Life Safety Code survey records in the files.

The HEW regional offices' assessment of States' Life Safety Code enforcement programs noted the following areas of concern:

- Lack of appropriate management supervision and control.
- Inadequate staff.
- Inadequate understanding of the Life Safety Code and of the relationship between the Life Safety Code survey and the certification process.
- The need to obtain properly qualified surveyors and to provide additional training.

Most of the problems HEW noted during the validation reviews could be identified by reviewing files and would not require visiting homes. Consequently, HEW should review more closely State fire safety inspection reports and certification documents to evaluate compliance with Federal requirements.

In a December 27, 1973, memorandum to the Secretary of HEW, the Assistant Secretary for Health stated that the HEW regional offices' findings indicated that a significant number of skilled nursing facilities have been certified for participation in the Federal programs without adequate evidence or assurance that Life Safety Code requirements have been met. He also said that the assumption is that those meeting the requirements provide adequate protection against fire.

We reviewed HEW validation reports of onsite inspections completed primarily between January and March 1974 on 72 skilled nursing facilities. At 61 of the 72 facilities, HEW inspectors identified deficiencies not identified by State inspectors.

HEW TO IMPROVE COORDINATION OF NURSING HOME PROGRAMS

According to the Under Secretary of HEW, the Department's management of nursing home programs has been fragmented along agency lines. Responsibility has been split among SSA, SRS, the Public Health Service, the Administration on Aging, the HEW regional directors, and ONHA. HEW has taken the following steps to improve the coordination and administration of its nursing home programs:

- ONHA is now the focal point and policymaking group within HEW for matters concerning nursing homes. Nursing home reports from the regional staffs, previously sent to SRS or SSA, are now sent directly to ONHA.
- The Long Term Care Standards Enforcement Divisions under the HEW regional directors have assumed the standards enforcement responsibilities formerly shared by SSA, SRS, and the Public Health Service.
- ONHA has the central responsibility for developing policy and procedural material related to long term care and communicating this material to the regional long term care divisions. This should result in more uniform interpretation of requirements and uniform survey and certification procedures.
- A standard operating procedures manual entitled "Regional Director's Long Term Care Manual" has been developed for the regional directors and the State survey agencies.
- To obtain base-line data on nursing home compliance with standards and quality of care, HEW began, in August 1974, a nationwide campaign to perform unannounced surveys on a scientifically selected random sample of 304 nursing homes certified for Medicare and Medicaid. The preliminary results of this effort are estimated to be available by early 1975. In addition, HEW is developing an information system to monitor standards enforcement activities. With regard to the Life Safety Code, the system will provide data for each facility identifying all deficiencies, all requirements waived, and any time-limited agreement. This system is scheduled to be operational in all regional offices by March 1975.
- To improve the enforcement of requirements, HEW is conducting onsite regional validations of a sample of facilities where State surveys have been completed.
- Over the past several years, HEW has sponsored training courses for regional office and State agency personnel engaged in Life Safety Code enforcement activities. The most recent training seminars were held in 1974 in Philadelphia (July 15-19), Denver (July 29-Aug. 2), and San Francisco (Aug. 19-23).

Of the approximately 275 people attending this year's training sessions, 225 were State agency employees.

- Regional office personnel conduct ongoing training sessions for State agency Life Safety Code surveyors and supervisors.
- The Office of Facilities Engineering and Property Management, which provides the technical personnel for enforcing the Life Safety Code requirements, has obtained authorization to reassign 30 architects and engineers from other HEW offices. Most of these will be used in fire safety enforcement.

We did not evaluate these actions. However, we intend to consider these matters in future reviews of HEW's nursing home programs.

CHAPTER 7

CONCLUSIONS, RECOMMENDATIONS, AND AGENCY COMMENTS

HEW needs to improve its (1) administration and enforcement of Federal fire safety requirements to insure the safety of nursing home patients and (2) monitoring of State inspection and certification activities. Our review showed that many skilled nursing facilities

- did not meet fire safety standards;
- were improperly classified as to construction type, resulting in some being improperly exempted from the automatic sprinkler requirement;
- were improperly granted automatic sprinkler requirement waivers; and
- had not complied with plans to correct fire safety deficiencies.

These problems can be partly attributed to varying judgments and varying interpretations of the Life Safety Code by State and Federal inspectors. Both our review and HEW validation reviews identified numerous deficiencies not noted in the States' inspection reports. HEW has not provided sufficient guidance to insure uniform Life Safety Code interpretations.

Although Public Law 93-368, enacted on August 7, 1974, should provide an excellent means of assisting States in providing additional training to inspectors, HEW should make additional efforts to increase the uniformity of Life Safety Code interpretations.

Also, HEW must insure that States follow HEW procedures for recommending waivers from Life Safety Code provisions. HEW regional personnel should grant waivers only after a home has corrected its deficiencies to meet waiver requirements rather than on the basis of a home's plan of correction.

Existing HEW guidelines provide that waivers of the automatic sprinkler requirement can be granted only if enforcement of the requirement would result in an unreasonable hardship on the nursing home and if an equivalent degree of safety has been achieved in the facility. However, HEW has established criteria for determining what constitutes an equivalent degree of safety only for homes classified as one-story protected wood-frame facilities. HEW should establish such criteria for the other types of nursing homes not exempt from the sprinkler requirement.

Further, HEW should increase its efforts to insure that nursing homes comply with their plans of correction. In some cases, homes had been certified several times over an extended period for participation in Medicare and Medicaid even though deficiencies had not been corrected. Neither HEW nor the States have (1) sufficiently motivated many nursing home administrators to correct fire safety deficiencies or (2) established adequate procedures for following up to determine whether the nursing homes have corrected the deficiencies.

HEW should review the inspection findings in this report with respect to the specific deficiencies noted at the various nursing homes. Since these inspections were made by HEW inspectors, the results should be treated as validation reviews and appropriate action taken. The results should be discussed with the appropriate State officials and either a resurvey made or a plan of correction established.

RECOMMENDATIONS TO THE SECRETARY OF HEW

To improve fire safety conditions in federally funded skilled nursing facilities, we recommend that the Secretary of HEW direct ONHA to:

1. Insure more uniform interpretations of the Life Safety Code and improve the quality of inspections by:
 - Providing additional guidance to HEW regional and State inspectors on the Life Safety Code sections which have been subject to significantly varying interpretations.
 - Evaluating the training provided to Federal and State Life Safety Code inspectors and determining whether additional training is needed.
 - Increasing its regional efforts to review State fire-safety inspection reports and certifications of nursing homes.
2. Strengthen the administration of the waiver provision by:
 - Reemphasizing to both HEW regional and State officials that waivers of Life Safety Code provisions can be granted only when the nursing home meets all of the established waiver requirements and should not be granted on the basis of a home's plan to correct the deficiencies in the future.
 - Establishing sprinkler equivalency factors to provide an equivalent level of patient safety for those types

of nursing homes not exempt from the automatic sprinkler requirement.

3. Insure timely correction of deficiencies noted during inspections by:

--Requiring the States to establish a followup system to insure that nursing homes correct noted deficiencies within the time specified.

--Establishing procedures to follow up on State agencies' efforts to enforce nursing homes' plans of correction.

AGENCY COMMENTS AND OUR EVALUATION

As requested by the Chairman's office, we did not ask HEW for formal comments. However, we did give HEW an opportunity to review our findings, conclusions, and recommendations. On December 18, 1974, we met with officials of ONHA, SSA, SRS, and the Office of the Secretary of HEW to discuss the Department's position on this report.

HEW said that:

--It did not agree that it (1) had not effectively administered and enforced Federal fire safety requirements for nursing homes and (2) had not adequately monitored States' inspection and certification activities.

--Although some Life Safety Code problems remain to be resolved, HEW's enforcement efforts had resulted in far safer nursing home environments.

--Adoption of the Life Safety Code by HEW, effective October 28, 1971, represented the first attempt by any agency, public or private, to set a national fire safety standard for existing and new nursing homes and the problems immediately encountered by HEW were numerous.

--The Life Safety Code was a complex, technically oriented, detailed compilation of fire safety requirements covering every aspect of fire protection. Its implementation would require considerable expertise on the part of fire inspectors and voluminous interpretive guidelines from HEW.

--The law mandated that HEW use the State agencies to make fire safety inspections.

HEW officials stated that since 1970 substantial gains had been made and that skilled nursing homes were considerably safer as a result of HEW's efforts. According to HEW:

- Hundreds of facilities have installed sprinkler systems and fire and smoke barriers, upgraded construction, and protected hazardous areas; numerous others have either withdrawn from the program or have been terminated because of HEW's enforcement efforts.
- State fire inspectors, though perhaps not as expert as HEW would like, have improved considerably.
- In 1972 it initiated State surveyor training sessions using personnel from the National Fire Protection Association. Nine of these 1-week training sessions have been sponsored by HEW throughout the country.
- It has made numerous other attempts to upgrade the surveying capabilities of State inspectors. To date 2,200 State surveyors have attended training classes.
- Also in 1972 it issued surveying guides to be used by States to assess facilities' compliance with the Life Safety Code. Subsequently it released surveyor procedural guidelines and interpretations of technical provisions of the Life Safety Code.
- It has also initiated a review of all Life Safety Code survey report forms submitted as part of certification packages. Since mid-1973 more than 7,000 surveys have been subjected to this review and about 1,000 of these were returned to the regional offices because of inadequately documented or inappropriately granted waivers, improper completion of the form, or response inconsistencies.
- Recognizing the significance of sprinkler waivers, it has closely monitored and maintained records of such waivers.
- It is conducting full-scale fire tests in a nursing home to study (1) the effects of fires on building construction and (2) other Life Safety Code fire protection requirements applicable to nursing homes and deemed essential for the protection of patients and residents.

HEW agreed that Life Safety Code surveys should be made by individuals with appropriate backgrounds, such as fire protection engineers or registered architects. In some States the pay is too low to attract engineers or architects and other problems exist. However, HEW officials stated that emphasis should be placed on upgrading surveyors through training programs, involving HEW engineers in review activities at the regional and State levels, and conducting onsite HEW validation inspections.

Regarding our recommendation that HEW establish adequate procedures for following up to determine whether nursing homes have corrected their deficiencies, HEW officials stated that, in their opinion, adequate procedures exist and are effectively enforced.

Our review was not designed to measure the change in conditions of nursing homes over a period of time but to find out whether nursing homes were meeting Federal fire safety requirements. Although improvements may have been made during recent years, considerable improvements are still needed.

We believe that HEW is taking the right approach in sponsoring additional training for nursing home inspectors. It is of paramount importance that HEW agrees that Life Safety Code surveys should be made by individuals with appropriate backgrounds.

We agree that the successful implementation of the Life Safety Code would require considerable expertise on the part of fire inspectors and adequate interpretive guidelines from HEW. We believe that HEW has the responsibility to provide the guidelines needed to insure the safety of nursing home patients through the application of Federal fire safety requirements.

We do not agree that adequate procedures exist and are effectively enforced for determining whether nursing homes have corrected their deficiencies. As shown in our review, a substantial number of homes inspected had failed to correct their deficiencies as required. We believe that either the existing followup procedures are inadequate or they are not being effectively enforced.

We agree that Life Safety Code problems remain and believe that implementing our recommendations will help HEW to solve these problems.

CHAPTER 8

SCOPE OF REVIEW

Our review included work at ONHA headquarters in Rockville, Maryland. We conducted fieldwork in 9 HEW regions and the State agency offices in each of 11 States visited. During April 1974 we visited 58 nursing homes in these States, of which 32 were inspected for proper construction classification and Life Safety Code compliance and 26 were inspected for proper automatic sprinkler requirement waivers.

Because fire safety inspections are quite technical, professional inspectors from HEW's regional offices made the inspections. Our staff accompanied the HEW inspectors to observe the inspection process and the general fire safety conditions in the nursing homes.

The State inspectors' most recent fire safety survey reports were often referred to by both our staff and the HEW inspectors. In many cases, State inspectors accompanied us during the inspections. After each inspection, the HEW inspector determined whether the nursing home (1) had been properly classified through State inspections as to construction type, (2) met Life Safety Code requirements, or (3) was properly waived of the sprinkler requirement. We discussed findings with each nursing home administrator or his representative.

The survey form used for the inspections included information related to the requirements of the Life Safety Code from HEW's survey form. These requirements were selected in consultation with fire safety experts and were used to evaluate whether facilities were properly classified and whether Life Safety Code deficiencies existed. The inspections were limited to 13 selected major Life Safety Code requirements. (See app. III.)

In several HEW regions we selected States with the largest number of skilled nursing homes that did not have automatic sprinkler systems because they were exempted under the Life Safety Code or because HEW waived the requirement.

The six States we selected in the exemption category--California, Connecticut, Florida, Michigan, Minnesota, and New York--had more than 39 percent of the skilled nursing homes in the United States exempted from the sprinkler requirement because of construction classification. These States were also included in the inspections for compliance with Life Safety Code requirements.

The five States we selected in the waiver category--Colorado, Missouri, North Carolina, Texas, and Washington--had about 69 percent of the skilled nursing homes in the United States estimated by ONHA to have waivers from the sprinkler requirement.

We also examined the extent to which federally funded skilled nursing homes in the State of Washington were correcting deficiencies in Life Safety Code requirements identified during previous State inspections. These requirements included the 13 items in appendix III plus the requirement that all nonexempt nursing homes have automatic sprinkler systems.

We did work at the HEW regional office in Seattle and the State agency office in Olympia. We also visited 15 nursing homes in the State. HEW inspectors did not accompany us on these visits because the deficiencies had been previously identified and we were only determining whether such deficiencies had been corrected.

FLOYD V. HICKS, WASH., CHAIRMAN
WM. J. RANDALL, MO.
BELLA S. ASZUG, N.Y.
HENRY S. REUSS, WIS.
JOHN CONYERS, JR., MICH.
HAROLD D. DONOHUE, MASS.

JOHN W. WYDLER, N.Y.
CHARLES THONE, NEBR.
RALPH S. REGULA, OHIO
JOEL PRITCHARD, WASH.

225-6751

NINETY-THIRD CONGRESS
Congress of the United States
House of Representatives
SPECIAL STUDIES SUBCOMMITTEE
OF THE
COMMITTEE ON GOVERNMENT OPERATIONS
RAYBURN HOUSE OFFICE BUILDING, ROOM B-349-A
WASHINGTON, D.C. 20515
February 28, 1974

Mr. Elmer B. Staats
Comptroller General of the United States
441 G Street, N. W.
Washington, D. C. 20548

Dear Mr. Staats:

The Special Studies Subcommittee, as part of its continuing study of Problems of the Aging, has been investigating fire safety in nursing homes. Because experts stress that automatic sprinklers are the most effective life saving component of fire prevention systems, we are especially concerned with the safety of homes that are exempted from sprinklering requirements under present law. In our continuing evaluation of the safety of these homes, we would appreciate your assistance in two areas.

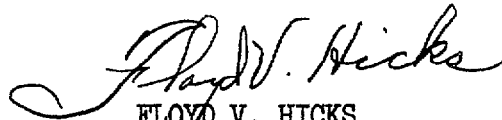
The first of these is to review, on a sample basis in selected states, the validity of the construction classifications under Titles XVIII and XIX of the Social Security Act of Skilled Nursing Facilities (SNF) as "fire resistive" and "protected noncombustible" where the latter is applied to one-story buildings. Under the 1967 Life Safety Code, made applicable by the Act, homes of these construction types are exempt from the requirement for automatic sprinkler systems. Since some homes under these classifications have automatic sprinkler systems, the on-site review would be directed only at those which do not. The selected states are six in number, as agreed with members of your staff at a meeting on February 27, 1974.

The second request is to verify waivers from compliance with the sprinkler requirement granted to SNFs of construction types otherwise required to be sprinklered under the Life Safety Code. HEW, in Bureau of Health Insurance Letter No. 165, sets forth alternate measures considered equivalent to the protection provided by sprinklers. This review would entail examining the completeness of the justification for waiver and verifying compliance with HEW standards by an on-site survey. The states to be sampled, as agreed in the staff conference, will be selected by your staff after it has reviewed HEW regional records.

The on-site verification for both reviews will be conducted jointly by members of your staff and HEW regional personnel who are expert in the application of the Life Safety Code. HEW personnel from its Office of Nursing Home Affairs have also participated in these staff discussions.

Because the Caley Nursing Home fire in December, 1973, showed the danger posed by misclassified nursing homes, we request that this work be accomplished expeditiously. It will be appreciated if your letter report is available by June 1, 1974. The subcommittee staff will cooperate fully with assigned GAO personnel in planning the requested studies.

Sincerely yours,

A handwritten signature in cursive script, reading "Floyd V. Hicks". The signature is written in dark ink and is positioned above the printed name and title.

FLOYD V. HICKS
Chairman

cc: Dr. F. G. Abdellah

FLOYD V. HICKS, WASH., CHAIRMAN
WM. J. RANDALL, MO.
Bella S. ABZUG, N.Y.
HENRY S. REUSS, WIS.
JOHN CONYERS, JR., MICH.
HAROLD D. DONOHUE, MASS.

JOHN W. WYDLER, N.Y.
CHARLES THONE, NEBR.
RALPH S. REGULA, OHIO
JOEL PRITCHARD, WASH.

225-6751

NINETY-THIRD CONGRESS
Congress of the United States
House of Representatives

SPECIAL STUDIES SUBCOMMITTEE
OF THE
COMMITTEE ON GOVERNMENT OPERATIONS
RAYBURN HOUSE OFFICE BUILDING, ROOM B-349-A
WASHINGTON, D.C. 20515

June 19, 1974

Mr. Elmer B. Staats
Comptroller General of
the United States
441 G Street, N.W.
Washington, D.C. 20548

Dear Mr. Staats:

As you know, the Special Studies Subcommittee as part of its continuing concern with Problems of the Aging has been investigating fire safety in nursing homes. GAO has supported this investigation by surveying homes not required to install sprinklers because of construction type or waivers. Responsibility for enforcing the Life Safety Code in nursing homes under Medicare and Medicaid is vested in the Department of Health, Education and Welfare.

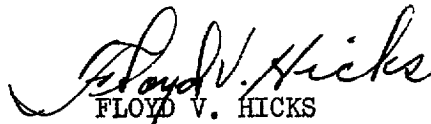
Nursing homes not meeting the Code provisions may obtain conditional certification by submitting a plan of correction, which provides that deficiencies found during a state inspection will be remedied by an agreed date. Fulfilling the plan of correction is an essential part of providing life safety. In the course of the GAO survey instances were found where skilled nursing facilities permitted to operate under a plan of correction had not made the corrections as required.

The cases disclosed in the GAO survey, along with other information available to the subcommittee, suggest that plans of correction are not being monitored or enforced in a number of cases. For this reason, I am requesting that you survey a representative sample of those skilled nursing facilities in the State of Washington which were to complete plans of correction by June 1, 1974. The subcommittee is interested in the degree to which homes have met their plans of correction, particularly in areas significantly affecting life safety. These areas are listed

in the second attachment of Mr. Ahart's statement submitted to the subcommittee during our hearings on June 11. In addition, your survey should indicate any action taken by either state or Federal authorities to ascertain compliance by the home.

The subcommittee is planning to hold hearings in the State of Washington on Problems of the Aging. The survey results, in the form of testimony, should be available by mid-August for presentation by you or your representative. A hearing notice including the time and location will be sent to you subsequently.. Should you desire additional information on this request, please contact the subcommittee's counsel, Jacob N. Wasserman, or its staff director, Joseph C. Luman.

Sincerely yours,


FLOYD V. HICKS
Chairman

FVH/lwf

MAJOR LIFE SAFETY CODE PROVISIONS INCLUDED IN
THE GAO REVIEW FOR COMPLIANCE, CONSTRUCTION
CLASSIFICATION, AND PLANS OF CORRECTION (note a)

1. That the building construction complies with the requirements of the Life Safety Code.
2. That corridors are separated from sleeping rooms and treatment areas by construction having at least a 1-hour fire-resistive rating.
3. That doors to patients rooms and diagnostic and treatment areas are 1-3/4-inch solid wood bonded core doors.
4. That, if the building shares a common wall with a nonconforming structure, the wall is at least a 2-hour fire-rated partition, with all doors being a Class-B, 1-1/2 hour door and self-closing.
5. That each stairway between stories is enclosed with partitions having at least a 1-hour fire-resistance rating.
6. That doors in stairway enclosures are not equipped with devices to hold them open.
7. That doors in walls separating hazardous areas are not equipped with devices to hold them open.
8. That smoke barriers divide corridors into sections of not more than 150 feet in length.
9. That smoke barriers have at least a 1/2-hour fire rating and are continuous from exterior wall to exterior wall and floor to roof deck above.
10. That elevator shafts, laundry chutes, and other vertical openings between stories are protected with construction having at least a 1-hour fire-resistive rating.
11. That any linen or trash chute which opens directly on to a corridor is sealed by a Class-B fire-rated door assembly.
12. That doors in fire and smoke partitions are self-closing upon activation of the fire alarm system and that they may be held open only by approved electric hold-open devices.

APPENDIX III

13. That every hazardous area has automatic fire protection or is separated by construction having at least a 1-hour fire-resistance rating.

a/ In our review of plans of correction in Washington State (see ch. 5), we also included the requirement that automatic sprinkler protection be provided throughout all nursing homes except those of fire-resistive construction or 1-hour protected noncombustible construction not over one story in height.

RESULTS OF INSPECTIONS OF SKILLED NURSING FACILITIES
FOR PROPER CLASSIFICATION AND
LIFE SAFETY CODE REQUIREMENTS

| <u>State and home number</u> | <u>Date of latest State survey</u> | <u>Classification by State inspector (note a)</u> | <u>Classification by HEW inspector (note a)</u> | <u>Date of HEW inspection</u> | <u>Classification changes by HEW</u> | <u>Sprinklers required based on changed classification</u> | <u>Life Safety Code deficiencies found by HEW inspectors</u> |
|------------------------------|------------------------------------|---|---|-------------------------------|--------------------------------------|--|--|
| Calif. | | | | | | | |
| 1 | 12-31-73 | FR | FR | 4-16-74 | No | No | No |
| 2 | 7-27-73 | FR | FR | 4-17-74 | No | No | No |
| 3 | 8-19-73 | FR | FR | 4-18-74 | No | No | Yes |
| Conn. | | | | | | | |
| 4 | 12-10-73 | FR | Non-comb | 4- 4-74 | Yes | Yes | Yes |
| 5 | 6- 4-73 | PNC | Non-comb | 4- 5-74 | Yes | Yes | Yes |
| 6 | 4-17-73 | PNC | Non-comb | 4- 9-74 | Yes | Yes | Yes |
| Fla. | | | | | | | |
| 7 | 11- 2-73 | PNC | Non-comb | 4- 3-74 | Yes | Yes | Yes |
| 8 | 8-21-73 | PNC | PNC | 4- 4-74 | No | No | No |
| 9 | 1-10-74 | FR | FR | 4- 2-74 | No | No | No |
| 10 | 6-19-73 | PNC | PNC | 4- 4-74 | No | No | No |
| Mich. | | | | | | | |
| 11 | 2-28-74 | FR | Ord | 4- 1-74 | Yes | Yes | Yes |
| 12 | 1- 2-74 | FR | FR | 4- 1-74 | No | No | No |
| 13 | 12- 3-73 | FR | Non-comb | 4- 2-74 | Yes | Yes | Yes |
| 14 | 12- 3-73 | FR | FR | 4- 3-74 | No | No | No |
| 15 | 12-27-73 | FR | FR | 4- 4-74 | No | No | Yes |
| 16 | 1-24-74 | FR | FR | 4- 4-74 | No | No | Yes |
| Minn. | | | | | | | |
| 17 | 9- 4-73 | FR | FR | 4-18-74 | No | No | Yes |
| 18 | 2-21-74 | FR | FR | 4-17-74 | No | No | Yes |
| 19 | 5-17-73 | PNC | FR | 4-15-74 | Yes | No | Yes |
| 20 | 2-26-74 | PNC | Non-comb | 4-16-74 | Yes | Yes | Yes |
| 21 | 2- 7-74 | FR | FR | 4-18-74 | No | No | Yes |
| 22 | 2-21-74 | FR | FR | 4-17-74 | No | No | Yes |
| 23 | 4-19-73 | PNC | FR | 4-16-74 | Yes | No | Yes |
| N.Y. | | | | | | | |
| 24 | 8-10-73 | PNC | PNC | 4-15-74 | No | No | Yes |
| 25 | 2-11-74 | PNC | Non-comb | 4-16-74 | Yes | Yes | Yes |
| 26 | 6- 7-73 | FR | PNC | 4-17-74 | Yes | No | Yes |
| 27 | 3-13-74 | FR | PNC | 4- 8-74 | Yes | No | Yes |
| 28 | 2-21-74 | FR | FR | 4- 9-74 | No | No | Yes |
| 29 | 4-19-73 | FR | Non-comb | 4-11-74 | Yes | Yes | Yes |
| 30 | 9-19-73 | FR | FR | 4-12-74 | No | No | Yes |
| 31 | 10-23-73 | FR | FR | 4-10-74 | No | No | No |
| 32 | 8-29-73 | FR | FR | 4-19-74 | No | No | No |

a/FR--fire resistive; PNC--protected noncombustible; Non-comb--unprotected noncombustible; Ord--ordinary.

BEST DOCUMENT AVAILABLE

RESULTS OF INSPECTIONS OF SKILLED NURSING FACILITIES

GRANTED WAIVERS FROM THE AUTOMATIC SPRINKLER

REQUIREMENT OF THE LIFE SAFETY CODE

| State and home number | Type of construction (note a) | Number of stories | Date of latest State survey | Date of HEW inspection | All waiver items met | Hazardous areas protected | Equivalency factors | | |
|-----------------------|-------------------------------|-------------------|-----------------------------|------------------------|----------------------|---------------------------|----------------------------------|----------------------------------|-------------------------------------|
| | | | | | | | Detection systems where required | Compartmentation of patient room | Fire department response capability |
| N.C. | | | | | | | | | |
| 1 | PRO-ORD | 1 | 4-24-73 | 4-17-74 | No | Not met | O.K. | O.K. | O.K. |
| 2 | PRO-ORD | 1 | 5-16-73 | 4-17-74 | No | Not met | O.K. | O.K. | O.K. |
| 3 | PRO-ORD | 1 | 6- 7-73 | 4-18-74 | No | Not met | Not met | O.K. | O.K. |
| 4 | PRO-ORD | 1 | 5-16-73 | 4-18-74 | No | Not met | O.K. | O.K. | O.K. |
| Colo. | | | | | | | | | |
| 5 | PRO-ORD | 1 | 11-23-73 | 4-11-74 | No | O.K. | Not met | O.K. | O.K. |
| 6 | PRO-WF | 1 | 8-15-73 | 4-12-74 | Yes | O.K. | O.K. | O.K. | O.K. |
| 7 | PRO-WF | 1 | 12-19-73 | 4-15-74 | Yes | O.K. | O.K. | O.K. | O.K. |
| 8 | PRO-WF | 1 | 11-13-73 | 4-16-74 | No | O.K. | O.K. | Not met | O.K. |
| 9 | PRO-WF | 1 | 2- 5-74 | 4-17-74 | No | Not met | O.K. | O.K. | O.K. |
| 10 | PRO-WF | 1 | 1-17-74 | 4-18-74 | No | Not met | O.K. | Not met | O.K. |
| Tex. | | | | | | | | | |
| 11 | PRO-WF | 1 | 2- 8-74 | 4- 8-74 | No | O.K. | O.K. | Not met | O.K. |
| 12 | PRO-WF | 1 | 1-25-74 | 4- 9-74 | No | Not met | O.K. | Not met | Not met |
| 13 | PRO-WF | 1 | 11- 7-73 | 4-10-74 | No | O.K. | O.K. | Not met | O.K. |
| 14 | PRO-ORD | 1 | 1-10-74 | 4-10-74 | No | O.K. | O.K. | Not met | O.K. |
| 15 | PRO-WF | 1 | 9-19-73 | 4-11-74 | No | O.K. | O.K. | Not met | O.K. |
| 16 | PRO-WF | 1 | 1-30-74 | 4-18-74 | No | O.K. | Not met | Not met | Not met |
| 17 | PNC | 2 | 10- 4-73 | 4-17-74 | No | O.K. | Not met | Not met | Not met |
| Mo. | | | | | | | | | |
| 18 | PRO-ORD | 2 | 5- 2-73 | 4-10-74 | No | Not met | Not met | O.K. | Not met |
| 19 | PRO-ORD | 1 | 2-28-74 | 4- 9-74 | No | Not met | Not met | O.K. | Not met |
| 20 | PRO-ORD | 1 | 1-16-74 | 4-10-74 | No | Not met | Not met | Not met | Not met |
| Wash. | | | | | | | | | |
| 21 | PRO-WF | 1 | 12-17-73 | 4- 3-74 | No | Not met | O.K. | O.K. | O.K. |
| 22 | PRO-ORD | 1 | 1-15-74 | 4- 4-74 | Yes | O.K. | O.K. | O.K. | O.K. |
| 23 | PRO-WF | 1 | 10-25-73 | 4- 3-74 | No | O.K. | Not met | O.K. | O.K. |
| 24 | PRO-WF | 2 | 9-14-73 | 4- 3-74 | No | O.K. | Not met | O.K. | O.K. |
| 25 | PRO-ORD | 1 | 1-11-73 | 4-11-74 | No | Not met | O.K. | O.K. | O.K. |
| 26 | PRO-WF | 1 | 2-11-74 | 4-11-74 | Yes | O.K. | O.K. | O.K. | O.K. |

a/PRO-ORD--protected ordinary construction; PRO-WF--protected wood-frame construction; PNC--protected noncombustible construction

BEST DOCUMENT AVAILABLE

STATUS OF LIFE SAFETY CODE DEFICIENCIES
AND CORRECTIVE ACTION TAKEN
IN NURSING HOMES VISITED BY GAO

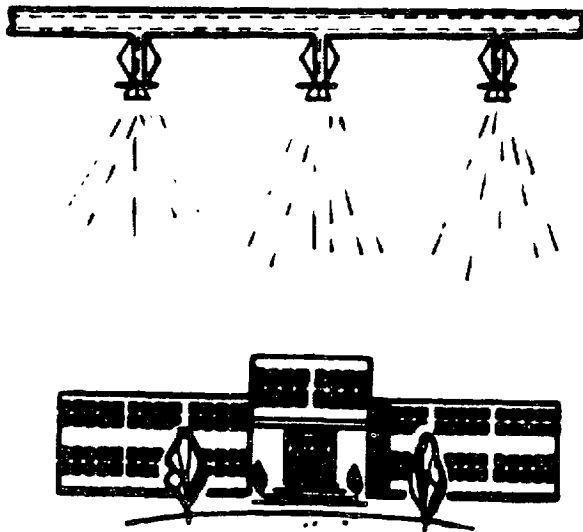
| <u>Nursing home number</u> | <u>Requirements for which deficient (note a)</u> | <u>Date the deficiency was first identified</u> | <u>First date established for corrective action</u> | <u>Most recent date established for corrective action</u> | <u>Status as of GAO visit in July 1974</u> | <u>Number of months the deficiency remained uncorrected</u> |
|----------------------------|--|---|---|---|--|---|
| 1 | 12 | 6- 6-72 | 1- 1-73 | 3-15-74 | Not corrected | 25 |
| 2 | 12 | 6-16-72 | 8-16-72 | 3-20-74 | Corrected | - |
| 3 | 12 | 6- 8-72 | 12- 1-72 | 5-30-73 | Corrected | - |
| 4 | 3 | 6-12-72 | 12-13-72 | 12-13-72 | Not corrected | 25 |
| | 2 | 6-12-72 | 12-13-72 | 12-13-72 | Not corrected | 25 |
| | 14 | 6-12-72 | 12-13-72 | 12-13-72 | Not corrected | 25 |
| | 13 | 6-12-72 | 12-13-72 | 6-30-73 | Not corrected | 25 |
| | 5 | 6-12-72 | 12-13-72 | 8- 5-73 | Not corrected | 25 |
| | 2 | 2- 5-73 | 4- 8-73 | 7- 1-73 | Not corrected | 17 |
| 5 | 3 | 7-19-72 | 1-19-73 | 1-19-73 | Not corrected | 24 |
| | 12 | 7-19-72 | 1-19-73 | 1-19-73 | Not corrected | 24 |
| | 2 | 5-11-73 | 8-11-73 | 8-11-73 | Not corrected | 24 |
| | 3 | 7-19-72 | 1-19-73 | 1-19-73 | Not corrected | 24 |
| | 5 | 7-19-72 | 1-19-73 | 1-19-73 | Not corrected | 24 |
| | 12 | 7-19-72 | 1-19-73 | 1-19-73 | Not corrected | 24 |
| 6 | 13 | 11-15-72 | 12- 2-72 | 6-30-73 | Corrected | - |
| | 2 | 5- 9-73 | 6-30-73 | 6-30-73 | Corrected | - |
| | 13 | 5- 9-73 | 6-30-73 | 6-30-73 | Corrected | - |
| | 13 | 5- 9-73 | 6-30-73 | 6-30-73 | Corrected | - |
| 7 | 12 | 6- 5-72 | 12- 1-72 | 12- 2-73 | Not corrected | 25 |
| 8 | 8 | 10-15-73 | 11-15-73 | 1-15-74 | Not corrected | 9 |
| | 14 | 10- 2-72 | 4- 2-73 | 1-15-74 | Not corrected | 20 |
| 9 | 14 | 6-15-72 | 12-15-72 | 5-31-74 | Not corrected | 25 |
| 10 | 12 | 6-29-72 | 12-31-72 | 4-30-74 | Not corrected | 24 |
| | 7 | 6-29-72 | 12-31-72 | 4-30-74 | Not corrected | 24 |
| | 13 | 6-29-72 | 12-31-72 | 4-30-74 | Corrected | - |
| | 11 | 6-29-72 | 5- 1-73 | 4-30-74 | Not corrected | 24 |
| | 8 | 6-29-72 | 12-31-72 | 4-30-74 | Not corrected | 24 |
| | 9 | 6-29-72 | 12-31-72 | 4-30-74 | Not corrected | 24 |
| | 10 | 5- 2-73 | 4-30-74 | 4-30-74 | Corrected | - |
| | 14 | 6-29-72 | 12-31-72 | 4-30-74 | Not corrected | 24 |
| | 2 | 5- 2-73 | not shown | 4-30-74 | Corrected | - |
| | 5 | 6-29-72 | 12-31-72 | 4-30-74 | Not corrected | 24 |
| 11 | 14 | 4- 4-73 | 4-25-73 | 4-25-73 | Not corrected | 15 |
| | 13 | 4- 4-73 | 4-25-73 | 4-25-73 | Not corrected | 15 |
| 12 | 9 | 2- 6-74 | 3- 1-74 | 3- 1-74 | Corrected | - |
| 13 | 14 | 1-18-73 | 7-18-73 | 4-26-74 | Corrected | - |
| 14 | 14 | 6- 5-72 | 12- 5-72 | 4-13-74 | Corrected | - |
| 15 | 3 | 11-30-72 | 5- 1-73 | 1- 5-74 | Not corrected | 20 |
| | 8 | 11- 2-73 | 5- 5-74 | 5- 5-74 | Corrected | - |

a/See appendix III for a description of the Life Safety Code requirements.

BEST DOCUMENT AVAILABLE

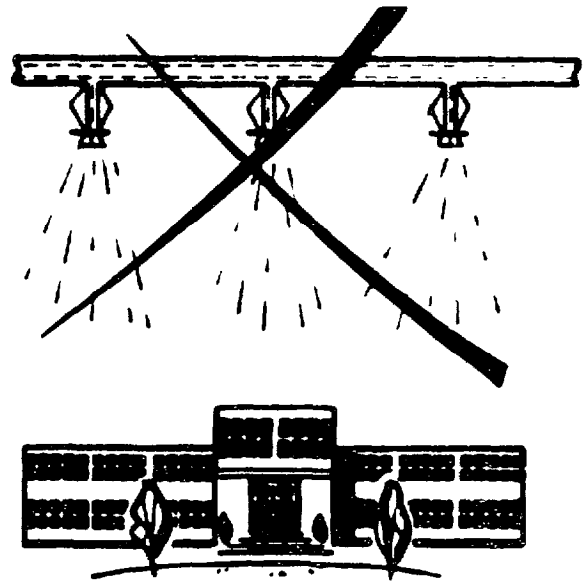
MEDICARE AND MEDICAID SPRINKLER REQUIREMENTS FOR SKILLED NURSING FACILITIES

SPRINKLERS REQUIRED



1. PROTECTED NONCOMBUSTIBLE (MULTISTORY)
2. UNPROTECTED NONCOMBUSTIBLE
3. PROTECTED ORDINARY
4. PROTECTED WOOD FRAME
5. HEAVY TIMBER

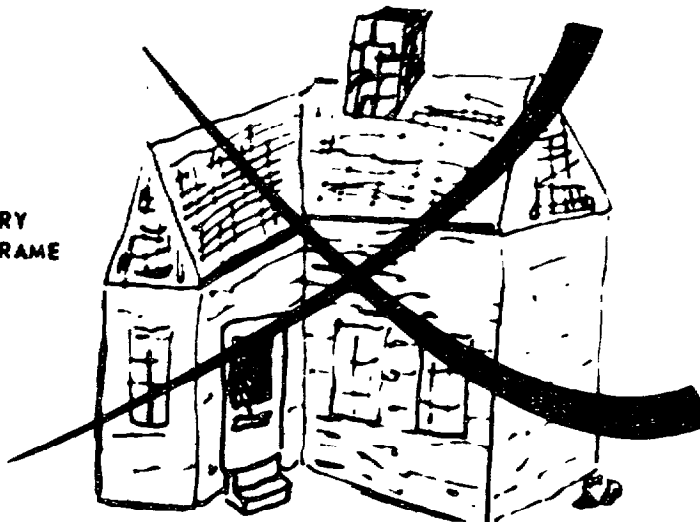
SPRINKLERS NOT REQUIRED



1. FIRE RESISTIVE
2. PROTECTED NONCOMBUSTIBLE (SINGLE STORY)

NOT PERMITTED IN MEDICARE AND MEDICAID PROGRAMS

1. UNPROTECTED ORDINARY
2. UNPROTECTED WOOD FRAME



OTHER NURSING-HOME-RELATED REPORTS ISSUED BY GAO

| | <u>Number</u> | <u>Date issued</u> |
|---|---------------|------------------------|
| Need to More Consistently Reimburse Health Facilities Under Medicare and Medicaid | B-164031(4) | 8-16-74 |
| Better Use of Outpatient Services and Nursing Care Bed Facilities Could Improve Health Care Delivery to Veterans | B-167656 | 4-11-73 |
| Problems in Providing Guidance to States in Establishing Rates of Payment for Nursing Home Care Under the Medicaid Program | B-164031(3) | 4-19-72 |
| Summary of Reviews of Planning, Construction, and Use of Medical Facilities at Selected Locations | B-167966 | 3- 7-72 |
| Drugs Provided to Elderly Persons in Nursing Homes Under the Medicaid Program | B-164031(3) | 1- 5-72 |
| Planning, Construction, and Use of Medical Facilities in the Denver, Colorado Area | B-167966 | 11-16-71 |
| Planning, Construction, and Use of Medical Facilities in the Baltimore, Maryland Area | B-167966 | 10-14-71 |
| Planning, Construction, and Use of Medical Facilities in the San Francisco Bay Area | B-167966 | 10-13-71 |
| Drug Purchase for Medicaid Patients in Nursing Homes in Illinois | B-164031(3) | 9-10-71 |
| Planning, Construction, and Use of Medical Facilities in the Jacksonville, Florida Area | B-167966 | 8-27-71 |
| Planning, Construction, and Use of Medical Facilities in the Cincinnati, Ohio Area | B-167966 | 7-15-71 |

APPENDIX VIII

| | <u>Number</u> | <u>Date issued</u> |
|---|---------------|------------------------|
| Problems in Providing Proper Care to Medicaid and Medicare Patients in Skilled Nursing Homes | B-164031(3) | 5-28-71 |
| State Plan Shows Likelihood of Excess Hospital and Nursing Home Beds in Seattle Area | B-167966 | 3-15-71 |
| Ways to Reduce Payments for Physician and X-Ray Services to Nursing-Home Patients Under Medicare and Medicaid | B-164031(3) | 2- 2-71 |
| Examination into Certain Claimed Practices Relating to Nursing-Home Operations In the Baltimore, Maryland Area | B-164031(3) | 12- 4-70 |
| Continuing Problems in Providing Nursing Home Care and Prescribed Drugs Under the Medicaid Program In California | B-164031(3) | 8-26-70 |
| Problems in Approving and Paying for Nursing Home Care Under the Medicaid Program in California | B-164031(3) | 7-23-70 |
| Need for Improvements in the Administration of the Veterans Administration Nursing Home Care Program | B-167656 | 9-29-69 |
| Need for More Effective Guidance to States in Establishing Rates of Payment for Nursing Home Care Provided to Welfare Recipients | B-114836 | 10-31-67 |
| Further Inquiry Into an Allegation Contained in Our Report on Cleveland Nursing Homes | B-114836 | 8-21-67 |
| Inquiry Into Alleged Improper Practices in Providing Nursing Home Care, Medical Services, and Prescribed Drugs to Old-Age Assistance Recipients In the Cleveland, Ohio Area | B-114836 | 3-31-67 |

APPENDIX VIII

| | <u>Number</u> | <u>Date issued</u> |
|--|---------------|------------------------|
| Examination Into Alleged Improper Practices in Providing Nursing Home Care and Controlling Payments for Prescribed Drugs for Welfare Recipients in the State of California | B-114836 | 8- 8-66 |

PRINCIPAL HEW OFFICIALS
RESPONSIBLE FOR ADMINISTERING
ACTIVITIES DISCUSSED IN THIS REPORT

| | <u>Tenure of office</u> | |
|---|-------------------------|-----------|
| | <u>From</u> | <u>To</u> |
| SECRETARY OF HEALTH, EDUCATION, AND WELFARE: | | |
| Caspar W. Weinberger | Feb. 1973 | Present |
| Frank C. Carlucci (acting) | Jan. 1973 | Feb. 1973 |
| Elliot L. Richardson | June 1970 | Jan. 1973 |
| Robert H. Finch | Jan. 1969 | June 1970 |
| Wilbur J. Cohen | Mar. 1968 | Jan. 1969 |
| John W. Gardner | Aug. 1965 | Mar. 1968 |
| UNDER SECRETARY OF HEALTH, EDUCATION, AND WELFARE: | | |
| Vacant | Feb. 1975 | Present |
| Frank C. Carlucci | Feb. 1973 | Jan. 1975 |
| John G. Veneman | Mar. 1969 | Jan. 1973 |
| ASSISTANT SECRETARY FOR HEALTH: | | |
| Dr. Theodore Cooper (acting) | Feb. 1975 | Present |
| Dr. Charles C. Edwards | Apr. 1973 | Jan. 1975 |
| Dr. Merlin K. DuVal | July 1971 | Dec. 1972 |
| DIRECTOR, OFFICE OF NURSING HOME AFFAIRS: | | |
| Dr. Faye G. Abdellah | Nov. 1973 | Present |
| Ernest Michelson (acting) | Sept. 1973 | Oct. 1973 |
| SPECIAL ASSISTANT FOR NURSING HOME AFFAIRS: | | |
| Marie Callender | Nov. 1971 | Aug. 1973 |
| ADMINISTRATOR, SOCIAL AND REHABILITATION SERVICE: | | |
| James S. Dwight, Jr. | June 1973 | Present |
| Francis D. DeGeorge (acting) | May 1973 | June 1973 |
| Philip J. Rutledge (acting) | Feb. 1973 | May 1973 |
| John D. Twiname | Mar. 1970 | Feb. 1973 |
| Mary E. Switzer | Aug. 1967 | Mar. 1970 |
| COMMISSIONER, MEDICAL SERVICES ADMINISTRATION: | | |
| Dr. Keith Weikel | July 1974 | Present |
| Howard N. Newman | Feb. 1970 | June 1974 |
| Thomas Laughlin, Jr. (acting) | Aug. 1969 | Feb. 1970 |
| Dr. Francis L. Land | Nov. 1966 | Aug. 1969 |

APPENDIX IX

| | | <u>Tenure of office</u> | |
|---------------------------------------|--|-------------------------|------------|
| | | <u>From</u> | <u>To</u> |
| COMMISSIONER, SOCIAL SECURITY | | | |
| ADMINISTRATION: | | | |
| James B. Cardwell | | Sept. 1973 | Present |
| Arthur E. Hess (acting) | | Mar. 1973 | Sept. 1973 |
| Robert M. Ball | | Apr. 1962 | Mar. 1973 |
| DIRECTOR, BUREAU OF HEALTH INSURANCE: | | | |
| Thomas M. Tierney | | Apr. 1967 | Present |
| Arthur E. Hess | | July 1965 | Apr. 1967 |

Copies of GAO reports are available to the general public at a cost of \$1.00 a copy. There is no charge for reports furnished to Members of Congress and congressional committee staff members; officials of Federal, State, local, and foreign governments; members of the press; college libraries, faculty members, and students; and non-profit organizations.

Requesters entitled to reports without charge should address their requests to:

U.S. General Accounting Office
Distribution Section, Room 4522
441 G Street, NW.
Washington, D.C. 20548

Requesters who are required to pay for reports should send their requests with checks or money orders to:

U.S. General Accounting Office
Distribution Section
P.O. Box 1020
Washington, D.C. 20013

Checks or money orders should be made payable to the U.S. General Accounting Office. Stamps or Superintendent of Documents coupons will not be accepted. Please do not send cash.

To expedite filling your order, use the report number in the lower left corner of the front cover.

AN EQUAL OPPORTUNITY EMPLOYER

UNITED STATES
GENERAL ACCOUNTING OFFICE
WASHINGTON, D.C. 20548

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

POSTAGE AND FEES PAID
U. S. GENERAL ACCOUNTING OFFICE



THIRD CLASS

*Library
Room - 7056*